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Department of Health & Mental Hygiene, Vital Records

Birth Certificates

Baltimore City

STATE OF MARYLAND

HR-RM 26
(5-1-54)
Hall of Records Commission

FILE ARRANGEMENT

Numerical Order

Some Birth Certificates are missing at time of filming and have been Lost

STATE OF MARYLAND

HR-RM 28
(2-1-54)
Hall of Records Commission

CERTIFICATION

This is to certify that the microphotographs appearing on this reel are accurate and complete reproductions of the file

Birth Certificates Baltimore City
(Name of file)

of DHMH Vital Records.
(Agency)

This microfilming is being performed with the assistance of the Hall of Records Commission, Records Management Division. (Chapter 436, Acts of 1953).

Sunhild D Bolander

Date July 27, 1978

STATE OF MARYLAND

HR-RM 25
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH. 74290

[Th]e Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1896
4

[Chil]d of Mother, *(state whether 1st, 2d, 3d, &c.)* 1.

[Sex, (sta]te whether male or female) male.

Color, (if not of the white race) white

[Date of] Birth, May 28th

[Place of] Birth, (Street and Number) 622 W Lombard st.

[Nam]e of Mother, Alice Roke.

[Mother's] Maiden Name,

[Mother's] Birthplace,

[Nam]e of Father,

[Father's] Occupation

[Father's] Birthplace,

[M]edical Attendant, or other person who makes this Return, H Utley M.D.

622 W Lombard. st.

1896001 2300

[...]Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth so far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and [...]

[...]and Stationers.

1737A

Department of Health & Mental Hygiene, Vital Records

Birth Certificates

Baltimore City

STATE OF MARYLAND

HR-RM 26
(5-1-54)
Hall of Records Commission

FILE ARRANGEMENT

Numerical Order

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STATE OF MARYLAND

HR-RM 28
(2-1-54)
Hall of Records Commission

CERTIFICATION

This is to certify that the micraphotographs appearing on this reel are accurate and complete reproductions of the file

Birth Certificates Baltimore City
(Name of file)

of DHMH Vital Records
(Agency).

This micrafilming is being perfarmed with the assistance of the Hall af Recards Commissian, Recards Management Divisian. (Chapter 436, Acts af 1953).

Sunhild D Bolander

Date July 27, 1978

STATE OF MARYLAND

HR-RM 36
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH. 74290

he Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1896

d of Mother, (state whether 1st, 2d, 3d, &c.)	7.
te whether male or female)	male.
Color, (if not of the white race)	white
Birth,	May 29th
Birth, (Street and Number)	622 W Lombard St.
e of Mother,	Alice Roke.
Maiden Name,	
Birthplace,	
e of Father,	
Occupation	
Birthplace,	
Medical Attendant, or other person who makes this Return.	H Utley M.D. 622 W Lombard St.

1896001299

...ed Stationers.

RETURN OF A BIRTH. 74292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month; and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth, and the legal residence of such parents; and shall be signed by the person who gives the certificate of the birth and the date of such certificate. It shall be the duty of each midwife, nurse or other person who shall be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. The parent and all persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 30th 1896.
4. Place of Birth, (Street and Number) # 710 Wayne St.
5. Full Name of Mother, Mary Foley
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. H. Hitler M.D.

Address, 697 W. Lombard St.

Remarks,

1896000240

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Blk
3. *Date of Birth,* May 30 96
4. *Place of Birth, (Street and Number)* Md Genl Hosp
5. *Full Name of Mother,* Annie Johnson
6. *Mother's Maiden Name,* Same
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant or other person who makes this Return, O. O. Lumpkin MD

Address, Md Genl Hosp

Remarks,

1896002401

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* May 31st 1896,
4. *Place of Birth, (Street and Number)* # 573 Bayard St.
5. *Full Name of Mother,* Ella Binns
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, H. Utley

Address, 663 N. Lombard St

Remarks,

8960002402

Health. This law—being Article 12 of the Code—and contains a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been omitted at the time of the previous return, the sex, color and date of birth of each child, the name and residence of the parents, the place where such births occurred, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required to make return thereof, it shall become the duty of the owner or agent of the house in which such child was born to report such birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74 295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) Five (5)

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* May 1st 1896.
4. *Place of Birth,* (*Street and Number*) 859 Lemmon St
5. *Full Name of Mother,* Alberta Johnson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Harry Utley M.D.

Address, 622 W Lombard St M.D.

Remarks,

8960002403

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Nov 2nd 1896
4. Place of Birth, (Street and Number) 652 N Eltonhead Lane
5. Full Name of Mother, Adeline Ballard
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H. Utley M.D.

Address, 627 N Louden St

Remarks,

+ 8960002404

Health. It is desirable that each physician or midwife shall contain a list of the births which have occurred under his or her care during the month, and shall send to the Registrar of Vital Statistics, on the first day of each month, a return of such births, giving as far as the name can be ascertained, the full name of each child, if it has been named, the sex, color, the full name and occupation of its parents, the date of birth, and the number (if not the first) of the mother's children now living. Of a certificate between the first and third day of each and every month of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person who shall occur within the said period above required, and said schedule shall be delivered, duly signed by the physician or midwife in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person who shall occur within the said period above required, and child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	May 4th 96
4. *Place of Birth, (Street and Number)*	622 W Lombard st.
5. *Full Name of Mother,*	Maggie Moore.
6. *Mother's Maiden Name,*	~~Moore~~
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	H Tilley Jr M D.
Address,	622 W Lombard st.
Remarks,	

8 9 6 0 0 0 2 4 0 5

The Health Commissioner shall cause to be printed a sufficient number of blanks for the returns of births required by this ordinance, which shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any, and if not, the fact shall be stated; the sex, color, the full name and occupation of the parents, and the street and number of the house where the birth occurred, and the name and address of the attending physician or midwife, if any; and shall be signed by the physician or midwife in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person in whose family such child is born, within the period of ten days after the occurrence of such birth, to report the same to the Commissioner of Health, in the manner and with the particulars required; and any such person who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall have been conferred) its sex, color, the full name and occupation of its parents, the date of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attended or seen without the attendance of a practitioner of the city, he or she or some other person in his or her stead shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Nov 1st 1896.
4. *Place of Birth, (Street and Number)*	922 Eutaw St
5. *Full Name of Mother,*	Julia Cook
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	H Tilley M.D.
Address,	1777 N Eutaw St
Remarks,	

8960002406

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 3rd 1896
4. *Place of Birth, (Street and Number)* 1305 Ward St
5. *Full Name of Mother,* Nria Perkins
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, H Hatley M.D.

Address, 1727 N Lamond St

Remarks,

8960002407

Health. The Health Officer shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name, sex, color, date and place of birth; and the full name, residence and occupation of the parents of each child; and the date of the certificate on which the registry has been entered; the whole to be verified by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, may 6th 26

4. Place of Birth, (Street and Number) 622 W Lombard st.

5. Full Name of Mother, Rosella Miller

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, A. Utley M.D.

Address, 622 W Lombard st.

Remarks,

8960002408

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, the sex, color, date and place of birth, the name and residence of the parents, the number of children born to the mother, and whether the child was born alive or dead, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the nurse or other person in attendance to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 6th
4. Place of Birth, (Street and Number) Md. Gen'l Hospital
5. Full Name of Mother, Ada Hutchinson
6. Mother's Maiden Name, Ada Hutchinson
7. Mother's Birthplace, Maryland
8. Full Name of Father, ——
9. Father's Occupation, ——
10. Father's Birthplace, ——

Name of Medical Attendant, or other person who makes this Return, O. O. Simpkins M.D.

Address, Md. Gen'l Hospital

Remarks,

8960002409

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 14 1896.
4. *Place of Birth, (Street and Number)* #25 East Lee St
5. *Full Name of Mother,* Josephine Gross
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. H. Stiles M.D.

Address, 122 W. Saratoga St.

Remarks.

8960002410

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 8th 96
4. Place of Birth, (Street and Number) 622 W Lombard st
5. Full Name of Mother, Lizzie Smith
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. H Utley MD

Address. 622 W Lombard st.

Remarks.

8 9 6 U 0 0 2 4 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth all the facts required by the Commissioner of Health to be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no physician or midwife shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 8th 1896
4. *Place of Birth, (Street and Number)* 1106 Eutaw St.
5. *Full Name of Mother,* Eunice Dorsey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J Ottley MD

Address, 673 W Lanvale St

Remarks,

8960002412

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and if a birth is known to have occurred from which no return has been received, a return of such birth shall be made by the person last in attendance upon the mother, stating the full name of such child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, the place of birth, and the date of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, on the first Tuesday after the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the said month after the visit of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother until after the first Tuesday after the third day of the month, then the person last in attendance upon the mother shall report the birth to the Commissioner of Health, in the manner and within the period above provided. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	May 9th 1896
4. *Place of Birth, (Street and Number)*	622 W Lombard St.
5. *Full Name of Mother,*	Rosa Miles
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	H Cutley MD
Address,	622 W Lombard St.
Remarks,	

8960002413

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 9th 1896.
4. Place of Birth, (Street and Number) # 1009 Frazier alley
5. Full Name of Mother, Rachell Coleman
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, A Tabey M.D.

Address, #627 N Eutaw

Remarks.

8960002414

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained, the full name of each child (if any) that may have been born alive at one birth, the sex of each child, the color or race of each child, the time and place of birth of each child, and the full name, residence and occupation of the parents of each child. Such certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge authorized by this section to make such return, then it shall become the duty of the owner or agent of such building or tenement in which such birth occurs to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth after or the same can be ascertained, the full name of such child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, May 9th 1896
4. Place of Birth, (Street and Number) 1904 Vine St rear
5. Full Name of Mother, Jamie Saunders
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H. Hall M.D.

Address, 6727 St Lombard St

Remarks,

8960002415

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Brazilian
3. Date of Birth, May 10th 1896
4. Place of Birth, (Street and Number) Md. Gen'l Hospital
5. Full Name of Mother, Mrs. Mary Roberto
6. Mother's Maiden Name, Annie Burgess
7. Mother's Birthplace, Arabian Coast
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return O. O. Simpkins M.D.

Address, Md Gen'l Hospital

Remarks,

8960002416

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 11th 1896.
4. *Place of Birth, (Street and Number)* # 218 Lee St.
5. *Full Name of Mother,* Lucy Dorsey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. H. Hatley M.D.

Address,

Remarks,

8960002417

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third days of each and every month of the calendar year, to the Commissioner of Health or such other person as shall from time to time be appointed by the Mayor and City Council of Baltimore to receive the same. In attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Nov 11 th 1896.
4. *Place of Birth, (Street and Number)* # 23 Eldeen St.
5. *Full Name of Mother,* Lizzie Montie
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. D Wolff md

Address. 617 N Fairmount St.

Remarks,

8 9 6 0 0 0 2 4 1 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person shall in attendance upon the mother, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 12 th 1896.
4. *Place of Birth, (Street and Number)* 413 N Bond St
5. *Full Name of Mother,* Fizzie Cook
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. A Fisher M.D.

Address, 633 N Eamand St

Remarks,

8960002419

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if more than one, born at one birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and its legitimacy or illegitimacy, and such other information as may be required by the Commissioner of Health. And no other person shall be required to make a return of any birth after a certificate thereof shall have been delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents of such child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and may be required to furnish such information as may be required by the Commissioner of Health. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 18th 96
4. Place of Birth, (Street and Number) 622½ W Lombard st.
5. Full Name of Mother, Alice White
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H Cattey M.D.

Address, 622½ W Lombard St.

Remarks,

8960002420

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the following particulars, viz.: the number of children to whom the mother has before been delivered, and the number (if any) of such children still living; the sex, color, the full name and occupation of the parents, the date and place of birth of the child to be registered; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons having such attendance upon the mother, immediately thereafter, to report the same to the Commissioner of Health, and in case there be no other person or persons in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and residence of the parents, the date of birth, and the full name and residence of the medical attendant or midwife in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereupon, it shall be the duty of the person or persons required, and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 14th 96
4. Place of Birth, (Street and Number) Md. Gen'l Hospital
5. Full Name of Mother, Annie Cieplet
6. Mother's Maiden Name, Annie Phillips
7. Mother's Birthplace, Pa
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant or other person who makes this Return, O. O. Longshore M.D.

Address, Md. Gen'l Hospital

Remarks,

8960002421

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 15th 1896.
4. Place of Birth, (Street and Number) 202 Dawson alley
5. Full Name of Mother, Jane Clark
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, [illegible] Alley M.D.

Address, 627 N. Eden ave

Remarks,

8960002422

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any) that may have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth of the first and said schedule shall be delivered every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of any child, it shall become the duty of the person or parent of such child to report its birth as herein required, and any such person or parents who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 5th 1896
4. Place of Birth, (Street and Number) 815 Hanover Lane
5. Full Name of Mother, Annie Jones
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H Mathews MD

Address, 2627 E Fairmount St

Remarks,

8760002423

Wm. J. C. Dulany Co., City Printers and Stationers.

Every child born within the City of Baltimore shall be registered, and the parent, householder, manager of any institution, physician, midwife, or other person having charge of or professional care of such child, shall report the birth thereof to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, and any such person who shall neglect or refuse to report such birth as required by said rules and regulations shall be liable to a penalty of not more than twenty dollars for each offence. Every child born within the City of Baltimore shall be registered, and the parent, householder, manager of any institution, physician, midwife, or other person having charge of or professional care of such child, shall report the birth thereof to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, and any such person who shall neglect or refuse to report such birth as required by said rules and regulations shall be liable to a penalty of not more than twenty dollars for each offence.

It shall be the duty of each and every midwife, or other person in attendance upon the mother, immediately hereafter to make a certificate of the birth of each child born in this City, which certificate shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter prescribed, to the parent or householder of the house in which the birth shall occur without the attendance of a midwife or practitioner of medicine, or should no other person as aforesaid be present, then to the person occupying the house in which the birth occurred, within the first and third day of each and every month following the occurrence of such birth, and the said midwife or other person shall at the same time report to the office of the Commissioner of Health. In case the first and third days of the month shall fall on Sunday, the certificate shall be delivered on the next succeeding day. Any midwife or other person who shall neglect or refuse to report such birth as required by said rules and regulations shall be liable to a penalty of not more than twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16th '96
4. Place of Birth, (Street and Number) 623 W Lombard st.
5. Full Name of Mother, Mrs J A Scott
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H Sutley M D

Address. 623 W Lombard st.

Remarks.

+ 8960002424

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person who shall be present at the birth of any child shall cause the same to be ascertained, the full name of each child (if any shall have been christened) the sex, color, the full name and occupation of its parents, the time and place of birth, and the name and residence of the physician or midwife (if there was one) present at such birth. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, then it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time prescribed in this section. Every person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 1896

4. Place of Birth, (Street and Number) 428 Aiken St.

5. Full Name of Mother, E. Hedwig Taipel

6. Mother's Maiden Name, Rubrinsky

7. Mother's Birthplace, Polen

8. Full Name of Father, John H. Taipel

9. Father's Occupation Carpet Weaver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 427 E. Pratt St.

Remarks.

1896000 2425

C. Dulany Co., City Printers and Stationers

Every midwife or person who shall assist at the births which have occurred under his or her care during the month, and shall not set forth as far as the same can be ascertained, the full name of each child, if any shall have been given, the names of the parents, the date and place of birth, and the sex, color, the full name and residence of the physician or practitioner in the form of a certificate let forth in the schedule hereof, and deliver the same at the office of the Commissioner of Health, or should no other person be in attendance, to the midwife herself, shall be liable to a penalty of ten dollars for each offence; and every physician or practitioner in the city of the person or parents of such child shall to report to him to the Commissioner of Health, in the manner and within the time prescribed in this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* African
3. *Date of Birth,* May 1st. 1896
4. *Place of Birth, (Street and Number)* 915 Waters Court
5. *Full Name of Mother,* Francis Augusta Holaday
6. *Mother's Maiden Name,* Francis Augusta Jackson
7. *Mother's Birthplace.* Baltimore County
8. *Full Name of Father,* James Holaday
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant or other person who makes this Return, O. O. Lumpkin M.D.

Address, Md Genl Hospital

Remarks,

8960002426

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 5-31-60

RETURN OF A BIRTH. 74319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) John Morris Neighoff 3.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 3, 1896.
4. Place of Birth, (Street and Number) 52 Brick Hill, Woodbury.
5. Full Name of Mother, Sarah Ann Neighoff.
6. Mother's Maiden Name, Hamilton.
7. Mother's Birthplace, And
8. Full Name of Father, Edward L. Neighoff.
9. Father's Occupation Laborer.
10. Father's Birthplace, And

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut ave

Remarks.

8960002427

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 11/27/1906 JH

RETURN OF A BIRTH. 74320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Leona May Sponsler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colo.
3. *Date of Birth,*	May 4/06
4. *Place of Birth, (Street and Number)*	Park Heights Ave.
5. *Full Name of Mother,*	Mrs Chas. Sponsler
6. *Mother's Maiden Name,*	Carrie V. Hunter
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	Chas. Sponsler
9. *Father's Occupation*	Canal Salesman
10. *Father's Birthplace,*	Carroll Co. Md.
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M.D.
Address,	2505 Penna. Ave.
Remarks.	

8960002428

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26
4. Place of Birth, (Street and Number) 919 E. Chase St
5. Full Name of Mother, Annie L. Conway
6. Mother's Maiden Name, McCabe
7. Mother's Birthplace, Pittsburgh Pa
8. Full Name of Father, Wm A. Conway
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, W B Kemp MD

Address,

Remarks,

8 9 6 0 0 0 2 4 2 9

Wm J C. Dulany Co., City Printers and Stationers.

Whoever shall not set forth as fully as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said children and parents shall reside in the city of Baltimore at the time of such birth, he shall forfeit for every such offence not more than fifty dollars nor less than twenty dollars; and the third day of each and every month by the officer of the commissioners of births, in case the births are not duly returned, he shall cause without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the said officer of the commissioners of births, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st. 2d. 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colo
3. *Date of Birth,* May 4 76.
4. *Place of Birth, (Street and Number)* 121 E Eager St
5. *Full Name of Mother,* Elizabeth Stark
6. *Mother's Maiden Name,* Whiteden
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adam L. Stark
9. *Father's Occupation,* Clerk Cutter
10. *Father's Birthplace,* Saxe

Name of Medical Attendant, or other person who makes this Return, W R Perry M.D.

Address, 1 E Eager St

Remarks,

1896000 2430

Wm J C. Dulany Co., City Printers and Stationers.

...shall set forth as far as the same can be ascertained the full name of each child, if any shall have been omitted, the sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each calendar month, a certificate in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such city such person or persons shall forfeit, on conviction thereof before any justice of the peace, a sum not less than ten (10) dollars nor more than fifty (50) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 4th 1896
4. *Place of Birth, (Street and Number)* 416 Falls Road, Hampden
5. *Full Name of Mother,* Lydia A. Roberts
6. *Mother's Maiden Name,* Lydia A. Stermer
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* John T. Roberts
9. *Father's Occupation* Employee of Tracktion Co.
10. *Father's Birthplace.* Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 421 Roland Ave. Hampden

Remarks,

1896000243 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date of birth, and the place where such birth occurred. The certificate of the first and each subsequent child born of the same mother shall state the number of such child born of such mother. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the mother of such child to report its birth to the Commissioner of Health within the period above required, and any such mother who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in charge of the case, at the office of the Commissioner of Health, within ten days after the birth of each and every such child. No certificate herein required shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents shall be subject to the penalty of a fine not exceeding one hundred dollars, and not less than twenty-five dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 4th/96
4. *Place of Birth, (Street and Number)* 214 Hanover St
5. *Full Name of Mother,* Lucy Jobson
6. *Mother's Maiden Name,* " Councell
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Damon Jobson
9. *Father's Occupation* Commission Merchant
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Geo R Graham

Address, 725 Columbia ave

Remarks,

1896 0002432

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GIVEN NAME ADDED 11-23-56

RETURN OF A BIRTH. 74325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minnie Gellert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, May 4 (1 P.M.) 1896
4. Place of Birth, (Street and Number) 802 Ramsay Street
5. Full Name of Mother, Selma Franziska Gellert
6. Mother's Maiden Name, Kühn
7. Mother's Birthplace, Leibertz near Torellberg - Saxony
8. Full Name of Father, Peter
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Lieberg Hessen-Darmstadt - Germany

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kraus for the

Address, Mother Kelly Society) 632 N. Fremont

Remarks, ...

8960002433

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth after or the same on the blanks which have been furnished under said act or acts during the month next preceding the date of such return, the name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of birth, and shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, then the father or householder of the premises where such birth occurred shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 6, 1896.
4. Place of Birth, (Street and Number) 109 Mt. Vernon St.
5. Full Name of Mother, Jane Minnie Mahon.
6. Mother's Maiden Name, Wiley.
7. Mother's Birthplace, Va.
8. Full Name of Father, John William Mahon.
9. Father's Occupation, Cotton Mill Operative.
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Cleveland ave.

Remarks,

1896000 2434

month, and shall set forth as far as the same can be ascertained the full name of such child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth. And the said schedule shall be delivered, duly signed by the practitioner in charge or other person, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form above required. And any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 74327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	May 5th 1916
4. Place of Birth, (Street and Number)	706 Cedar Ave
5. Full Name of Mother,	Lou J. Rail
6. Mother's Maiden Name,	" Rupp
7. Mother's Birthplace,	Washington
8. Full Name of Father,	Chas J Rail
9. Father's Occupation,	conductor street car
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return	Jos A Eppleman
Address,	102 Chestnut Ave
Remarks,	

1896000 2435

I do hereby set forth as the name can be ascertained the full name of each child, if any shall have been born alive, the full name and occupation of its parents, the date and place of birth, and the sex of each child, as far as can be ascertained by the inquiries of the person required to make this return. And I shall set forth in like manner the full name and occupation of its parents, the date and place of birth, and the sex of each child that shall be delivered, duly signed by the practitioner in the case of midwifery, or should no other person be required to make return, by the midwife or practitioner of midwifery, or should no other person be required to make return, by the father of such child, or in case the father be dead, absent from the State or unable from sickness or infirmity to act, by the mother of such child, or in case the mother be dead, absent from the State or unable from sickness or infirmity to act, by the nearest relative present at the birth, or in case there be no relative present, by the householder of the house in which such birth shall occur without the attendance of a physician or midwife, immediately thereafter. It shall become the duty of the person required to make return of the birth of any child to report the particulars required to be set forth in this section to the Registrar of Vital Statistics within the period above required, and shall correct its birth to the Commissioner of Health, in the manner and within the time prescribed by him, in accordance with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 74328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 2 96.
4. *Place of Birth. (Street and Number)* 1424 Hanover St.
5. *Full Name of Mother,* Amanda Church
6. *Mother's Maiden Name,* Moore.
7. *Mother's Birthplace,* Lancaster Co. Pa
8. *Full Name of Father,* Clarence H. Church
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Lancaster Co. Pa

Name of Medical Attendant, or other person who makes this Return. W. H. Reed M.D.

Address.

Remarks,

8 9 6 0 0 0 2 4 3 6

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name of each parent, the date and place of birth, and the said midwife shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the said midwife shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 5th 1895
4. Place of Birth, (Street and Number) 155a Newington Place city
5. Full Name of Mother, Mrs Mollie R Williams
6. Mother's Maiden Name, Miss Mollie R Weaver
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Edw. L Williams
9. Father's Occupation Ice Dealer Northern Ice Co
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr H. A. Hartzog

Address, Mrs H. A. Hartzog

Remarks. 781 Courtland Ave

1896 0002437

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Physician, Midwife or other person who shall be in attendance upon any birth, shall within the period above required, make a return of such birth to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall set forth as far as the same shall come to his or her knowledge, the full name of each child born, the time of birth, and the sex, color, and occupation of its parents, the street and number of the house where the birth occurred) its sex, color, the day signed by the practitioner, Register of Health. In case the liver person be in said schedule shall be delivered each month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the third day of each month. In the absence of a physician or midwife, or of the person or parents of such child to report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the third day of each month. In the absence of a physician or midwife, or of the person or parents of such child to report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the third day of each month, the undertaker who shall bury any such person or child shall report the same with the particulars required of the parents, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 7 1894
4. Place of Birth, (Street and Number) 399 S. Fremont Ave.
5. Full Name of Mother, Mary E. Mortimer
6. Mother's Maiden Name, Mary E. Downes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August E. Mortimer
9. Father's Occupation Jeweler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M. D. Godby

Address, 1004 W. Lexington St.

Remarks.

1894 00 02438

month, and shall set forth so far as the same can be ascertained the full name of each child, (if any shall have been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth and the residence of the parents at the time of such birth, and every such return shall be made within the first three days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth as herein required, and in default thereof such person or parents of such child shall forfeit and pay for each offence a sum not less than five nor more than fifty dollars, and any person or persons hereafter fail to comply with the provisions of this section shall be subjected to the fine or fine (by) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 7, 1896
4. *Place of Birth, (Street and Number)* 225 Monticello ave.
5. *Full Name of Mother,* Adline Nelson
6. *Mother's Maiden Name,* Adline Garland
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Peter Nelson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Dr. Wm L. Swayne

Address, 624 Canton Ave.

Remarks,

B 9 6 0 0 0 2 4 3 9

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months, and shall set forth as far as the same can be ascertained, the full name of each child, if any, that has been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said Board of Health, and every person who shall offend against the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.): 2, Raymond Jarrett Arthur

1. *Sex, (state whether male or female)*..... Male.
2. *Race or Color, (if not of the white race)*..... White.
3. *Date of Birth*..... May 8, 1896.
4. *Place of Birth, (Street and Number)*..... 2836 Huntingdon ave.
5. *Full Name of Mother*..... Alice Arthur.
6. *Mother's Maiden Name*..... Carey.
7. *Mother's Birthplace*..... Ohio.
8. *Full Name of Father*..... Martin Jarrett Arthur.
9. *Father's Occupation*..... Blacksmith.
10. *Father's Birthplace*..... Md.

Name of Medical Attendant, or other person who makes this Return..... Chas. H. Mitchell M.D.

Address..... 291 Chestnut ave.

Remarks..... Name added 7/20/96 by undersigned Reg.

Raymond Jarrett Arthur

† 8 9 6 0 0 0 7 4 4 0

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month, to the Commissioner of Health. Any person who shall neglect or refuse to report as aforesaid, or shall report falsely, or shall practice midwifery, or shall without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents so neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth such as the same can be ascertained, the full name of each child, if any, born alive since the last return, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if either of the parents of such child shall be absent during the month, or unable to make the return required, the same shall be reported within ten days after the birth by the attendant upon the mother; immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 8 — 1896
4. Place of Birth, (Street and Number) 328 S. Dallas St.
5. Full Name of Mother, Maggie Winerite
6. Mother's Maiden Name, Smallwood
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Winrite
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Mary Stein

Address, 1427 E. Oraft St.

Remarks,

8960002441

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RETURN OF A BIRTH. 74334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 8 1896
4. Place of Birth, (Street and Number) 505 Cannon St
5. Full Name of Mother, Fannie Lawrence
6. Mother's Maiden Name, Fannie Baker
7. Mother's Birthplace, Stanford Va
8. Full Name of Father, Wesley Lawrence
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Harry L Imagene

Address, 624 Canton Ave

Remarks,

1896 00 02442

month, and shall set forth as far as the same can be ascertained, the full name of the child, if it has been named, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY

RETURN OF A BIRTH. 74335.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XII.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 10. (2. P. M.)
4. Place of Birth, (Street and Number) 891 Lemon Street
5. Full Name of Mother, Caroline Klein,
6. Mother's Maiden Name, Rosenat,
7. Mother's Birthplace, Hallenpinsen - East Prussian - Germany
8. Full Name of Father, Johann Klein,
9. Father's Occupation Laborer.
10. Father's Birthplace, Brijesen - East Prussian - Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. M. Kamm (for this

Address. Mothers Relief Society) 632. N. Fremont

Remarks,

8960002443

Wm. J. C. Dulany Co., City Printers and Stationers.

FILM - KODAK

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 10, 1896.
4. *Place of Birth, (Street and Number)* 705 Church St.
5. *Full Name of Mother,* Laura E. Krebs.
6. *Mother's Maiden Name,* Kill.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William H. Krebs.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Pa.

Name of Medical Attendant, or other person who makes this Return, Charles H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, —

1 8 9 6 0 0 0 2 4 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10 1896
4. Place of Birth, (Street and Number) Payson & 434
5. Full Name of Mother, Lula A Lechner
6. Mother's Maiden Name, Fredrick
7. Mother's Birthplace, Fredrick City Maryland
8. Full Name of Father, C Lechner
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss S Kelly

Address, No 19-22 Wilkins Ave

Remarks,

18960002445

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RETURN OF A BIRTH. 74338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 10th 1896
4. *Place of Birth, (Street and Number)* 821 McHenry St
5. *Full Name of Mother,* Fannie Naff
6. *Mother's Maiden Name.* Hammond
7. *Mother's Birthplace.* Maryland
8. *Full Name of Father,* John W. Naff
9. *Father's Occupation.* Shoe finisher
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other person who makes this Return, E. L. Genee M.D.

Address, 835 Columbia ave

Remarks.

8960002445

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of the parents, the full name of each child, (if any shall have said, schedule shall be delivered, duly signed by the practitioner in the form of certificate hereinafter required, third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, the name and residence of such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 & 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10th May 1896
4. *Place of Birth, (Street and Number)* 734 E. Fort Ave.
5. *Full Name of Mother,* Margarett Mills
6. *Mother's Maiden Name,* Warner
7. *Mother's Birthplace,* A. A. Co. Md
8. *Full Name of Father,* William Mills
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Frederick Co. Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yearwell

Address, 736 E. Fort Ave

Remarks,

8960002447

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been conferred) its sex, color (if not white), name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, by such midwife to the person or officer required to register the first said third day of each and every month to the office of the Commissioner of Health. In case no birth in any family shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the same manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 10th June 95
4. Place of Birth, (Street and Number) 1108 E. Fort Ave
5. Full Name of Mother, Grace L Schuman
6. Mother's Maiden Name, Jewell
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Geo J. Schuman
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E. Jewell

Address, 1106 E. Fort Ave

Remarks,

8960002448

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month, and shall set forth as far as the same can be ascertained [partly illegible] which have occurred under his or her care during the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XI.

1. *Sex, (state whether male or female)* [male underlined]
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 11. (2. A. M.)
4. *Place of Birth, (Street and Number)* 218 Camden Street.
5. *Full Name of Mother,* Lucrecia Antony.
6. *Mother's Maiden Name,* Palazardo.
7. *Mother's Birthplace,* Cefalo of Sicilia - Italia.
8. *Full Name of Father,* Giuseppe Antony.
9. *Father's Occupation* Fruit Saler.
10. *Father's Birthplace,* Cefalo of Sicilia - Italia.

Name of Medical Attendant, or other person who makes this Return, Mr. M. Kanne (for the

Address, Mother Relief Society) 632. N. Fremont Ave.

Remarks,

8960002449

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11th 1896
4. Place of Birth, (Street and Number) 1716 St Mount St Balto Md
5. Full Name of Mother, Augusta Fearson
6. Mother's Maiden Name, Seward
7. Mother's Birthplace, Va Co Md
8. Full Name of Father, Walter T Fearson
9. Father's Occupation Motorman
10. Father's Birthplace, St Marys Co Md

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Mary L Stokes

Remarks, 731 Cornwallis St

1896 00024 50

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month, the 1st of the 18th or as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, it shall be the duty of the person in charge of the attendance upon the mother, immediately thereafter to notify the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth. 11 Day of Mai 3.30 A.M. 1896
4. Place of Birth, (Street and Number) 1412 Patapsco Str.
5. Full Name of Mother, Mary Recession
6. Mother's Maiden Name, " Rudy
7. Mother's Birthplace. Germany
8. Full Name of Father. Denij Recession
9. Father's Occupation Stopfergrinder in Glasworks
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Bange Midwife

Address. [illegible]

Remarks.

8960002451

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if the parents or other person of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11 1896
4. Place of Birth, (Street and Number) 1033 S. Paca st
5. Full Name of Mother, Maggie Bittner
6. Mother's Maiden Name. Maggie Klee
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard V. Bittner
9. Father's Occupation Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Barge

Address, 711 W. Conway st

Remarks.

8960002452

been conferred his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-22-51

RETURN OF A BIRTH. 74345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edna Marie Moser

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th day of May 1896
4. Place of Birth, (Street and Number) 421 Stockton St.
5. Full Name of Mother, Kate Moser.
6. Mother's Maiden Name, Kate Fritz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Moser.
9. Father's Occupation Glassworker.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return Asst Barge

Address. 1119 Broom st

Remarks.

1896 00 02453

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 11th 26.
4. Place of Birth, (Street and Number) Md General Hospital
5. Full Name of Mother, Mary V. Roberts.
6. Mother's Maiden Name, "
7. Mother's Birthplace, Demerara B. G.
8. Full Name of Father, Louis Brown
9. Father's Occupation, "
10. Father's Birthplace, Demerara B. G.

Name of Medical Attendant, or other person who makes this Return. W B Kenny MD.

Address,

Remarks,

8960002454

Wm J C. Dulany Co., City Printers and Stationers.

ascertained) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month after the occurrence of the birth, if such birth has occurred without the presence or attendance of a physician or practitioner of midwifery, or should no other person required by law to report such birth have been in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the use of such penalties for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 11 — 1876
4. Place of Birth, (Street and Number) 2239 Eastern Ave
5. Full Name of Mother, Lizzie Herold
6. Mother's Maiden Name, Hauswirth
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Herold
9. Father's Occupation Broom Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8966000 2455

been conferred) its sex, color, the full name and residence of each parent, the date and place of birth; and the name and residence of the physician or midwife in attendance at the birth, if any. And the said scheduls shall be delivered, within ten days after the birth, to the office of the Commissioner of Health. In case there was no physician or midwife in attendance at the birth, then the said schedule shall be delivered, within ten days after the birth, to the office of the Commissioner of Health, by the person in charge of the house in which the birth occurred, or in case there was no person in charge of such house, then by the nearest relative present in the city of the person or parents of such child; and every person who shall neglect or refuse to deliver such schedule as aforesaid, or to report to the Commissioner of Health, in the manner and within the period above required, such information upon the mother, immediately after the birth, as he may be required to furnish, and every person who shall wilfully furnish any such false or fictitious information as aforesaid, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 11 — 1916
4. Place of Birth, (Street and Number) 1515 E. Lambert St.
5. Full Name of Mother, Sadie Kansler
6. Mother's Maiden Name, Mc Elwee
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William F. Kansler
9. Father's Occupation Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address 1427 E. Pratt St.

Remarks,

8960002456

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be inscribed the full name of each child, (if any, shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said return shall be delivered, duly signed by the practitioner in the form of certificate hereinafter set forth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother of such child shall immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and form prescribed by the rules and regulations of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 11 16 96
4. Place of Birth, (Street and Number) 20 10 cearden ave Balto
5. Full Name of Mother, Mary L shuler
6. Mother's Maiden Name, cooper
7. Mother's Birthplace, Baltimore county
8. Full Name of Father, Charles E shuler
9. Father's Occupation, railroader
10. Father's Birthplace, york pensylvania

Name of Medical Attendant, or other person who makes this Return

Address, Martha E King 545 Linchey ave Balto

Remarks,

1 8 9 6 0 0 0 2 4 5 9

Wm. J. C. Dulany Co., City Printers and Stationers

Note.—It is the duty of the father, the householder, the owner of the house, the nurse, the midwife, the undertaker, the physician or practitioner in attendance upon the mother, immediately thereafter, to report the birth of any child to the Commissioner of Health, in the manner and within the time prescribed by the ordinance. Any person who shall have said schedule shall be delivered, duly signed by the practitioner in charge or other person required to report the birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the ordinance. Any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11th May

4. Place of Birth, (Street and Number) 1153 Hilton Street

5. Full Name of Mother, Louise Elizabeth Lipke

6. Mother's Maiden Name, Elizabeth Thauer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William F. Lipke

9. Father's Occupation Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs. Mary A. Starkey

Remarks, 731 Cumberland

1896 0 0 0 2458

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 5 May
4. Place of Birth, (Street and Number) 1107 Orleans St
5. Full Name of Mother, Maggie Kappel
6. Mother's Maiden Name, " Englert
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Louis Kappel
9. Father's Occupation, Tailor
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs R Illig

Address, 1302 Eden Ington St

Remarks, 8960002459

third day of each and every month to the office of the Commissioner of Health a certificate between the first and ... with the attendance of a physician or midwife, or should no other person be required to report its birth to the Board of Health, immediately after its birth, in the manner and within the time hereinbefore required, and ... shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 5 May
4. Place of Birth, (Street and Number) 1107 Law Pl
5. Full Name of Mother, Maggie Markwell
6. Mother's Maiden Name, Burkhart
7. Mother's Birthplace, Russia
8. Full Name of Father, Philip Markwell
9. Father's Occupation, Lock smith
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulbrig

Address, 1302 Eddington St

Remarks, 18960002460

Sec. 2. Be it further enacted, That the name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of any physician or practitioner of midwifery, or should no other person required by this section make the return of such birth, then it shall be the duty of the owner or agent of the house in which such birth occurs, or of the parent of such child, to report the same to the office or physician or midwife in attendance upon the next succeeding confinement, and within the period above required, and attendance upon such succeeding confinement shall likewise report the birth of such child as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3

1. *Sex.* (state whether male or female) Female
2. *Race or Color.* (if not of the white race)
3. *Date of Birth.* 5 May
4. *Place of Birth.* (Street and Number) 127 Harrison St
5. *Full Name of Mother.* Gertie Shapiro
6. *Mother's Maiden Name.* " Rechter
7. *Mother's Birthplace.* Russia
8. *Full Name of Father.* Leyer Shapiro
9. *Father's Occupation.* Shoemaker
10. *Father's Birthplace.* Russia

Name of Medical Attendant, or other person who makes this Return. Mrs R Illig

Address, 1302 E Lexington St

Remarks,

1896 00 02461

Every Return of a Birth shall state the full name and occupation of its parents, the date and place of birth; and the Registrar shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each month to the Commissioner of Health. In case the child of which any woman is delivered shall occur without the attendance of a physician or practioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and such person or persons shall be subject to the penalties provided for neglect to comply with the provisions of this section. Subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 May
4. Place of Birth, (Street and Number) 1243 Harrison St
5. Full Name of Mother, Lena " Zinik
6. Mother's Maiden Name, Kusler
7. Mother's Birthplace, Russia
8. Full Name of Father, Izaak Zinik
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs P Ulrich

Address, 1302 E Lexington St

Remarks, 8960002462

been conferred the sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife, if there was one, within five days after the birth; and the said attending shall deliver, duly signed by the practitioner in the form of a certificate, to the person charged by law with the duty of registering the birth of any child or other person required by law to register the birth, a statement containing the information above specified, which he shall have in his possession at the time; and he shall not be entitled to demand or receive any fee for his services in the case until he shall have delivered such certificate. No midwife, or other person not being a physician, shall be entitled to demand or receive any fee for services rendered in any case of birth, unless he shall have complied with the requirements of this section. Every midwife who shall attend upon any case of birth shall, within ten days after the birth, cause the information above specified to be entered in a book to be kept by her for that purpose, and shall, on the first and fifteenth of each and every month, report the same to the office of the Commissioner of Health, or to such other person as the Commissioner may designate to receive such reports; and no midwife, or other person not being a physician, shall practice midwifery, or should no other person be in attendance upon the mother, immediately after the birth, shall omit to report the same to the Commissioner of Health, in the manner and within the time above specified. No midwife shall practice midwifery without the attendance of a physician after it shall become the duty of the person or persons charged with the duty of registering the birth of any child to report the same, unless the midwife shall have reported the case to the Commissioner of Health, and shall have received from him a permit to practice midwifery in such case. Every midwife who shall attend upon any case of birth shall be subject to the supervision of the Commissioner of Health, and shall report to him at such times and in such manner as he may require, and shall comply with the rules and regulations of the Board of Health relating to midwifery. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 of May 1896
4. Place of Birth, (Street and Number) 606 Little Paca st.
5. Full Name of Mother, Mrs Mary Kunze
6. Mother's Maiden Name, Mary Rupfael
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Mr John Kunze
9. Father's Occupation, Baker
10. Father's Birthplace, Bremen Germany

Name of Medical Attendant, or other person who makes this Return, Dr Barge

Address, 711 N. Eutaw st

Remarks.

18960002463

Wm. J. C. Dulany Co., City Printers and Stationers.

Read Code No. 1. Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife, or if such physician or midwife be unable to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth. 1st. Sept. 1896

4. Place of Birth, (Street and Number) 2108 Eagle St.

5. Full Name of Mother, Hedwig Strauz

6. Mother's Maiden Name, Hedwig Faubel

7. Mother's Birthplace, Germany

8. Full Name of Father. Reinhold Strauz

9. Father's Occupation Labor

10. Father's Birthplace. Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bangs

Address. 711 N. Gilmor St.

Remarks.

8960 02464

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Collector to whom by the last name and occupation of its parents, the date and place of birth, and the number of children born to the mother, is the form of a certificate herein, the first and second sheets of which shall be delivered, duly signed by the Physician, Midwife or other person in attendance upon the mother, to the office of the Commissioner of Health. It shall be the duty of every physician, midwife or other person in attendance upon the mother of any child born in the City of Baltimore after the passage of this ordinance, to make a return of such birth to the Commissioner of Health, and to comply with the provisions of this ordinance in relation thereto, and said schedule shall be delivered to the collector of the district in which the birth occurred, and shall be collected every month by the collector of the district, and delivered to the Commissioner of Health. If any physician, midwife or other person in attendance upon the mother of any child born in the City of Baltimore after the passage of this ordinance, shall neglect or refuse to report the birth of such child within the period above mentioned, or shall neglect or refuse to comply with the provisions of this ordinance in relation thereto, such person shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 12th 1896
4. Place of Birth, (Street and Number) 1116 Hollins St
5. Full Name of Mother, Katie J. Nolan
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Christian
9. Father's Occupation, Cattle Driver
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Graf

Address, 206 N. Schroeder St

Remarks,

1896 00 02465

Wm. J. C. Dulany Co., City Printers and Stationers.

Item conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or practicer of midwifery, or should no other person be present at the birth, immediately thereafter, it shall become the duty of the person occupying the house in which such birth occurs to report the same to the Commissioner of Health within the period above required, and shall furnish the information required by this section. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3rd~~, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 12th 1896
4. Place of Birth, (Street and Number) # 163 N. Hamburg St
5. Full Name of Mother, Ferdinandina S. Schoberg
6. Mother's Maiden Name, Ferdinandina S. Haneke
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joseph H. Schoberg
9. Father's Occupation, Grocer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Katie Münnich

Address, 800 Leadenhall St

Remarks,

8 9 6 0 0 0 2 4 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

And each midwife shall be delivered, duly signed by the practitioner or midwife, a certificate specifying the name and residence of such practitioner or midwife, the sex of the child, the number of the child of the mother, and the third day of each and every month a list of all births attended by such practitioner or midwife during the month next preceding. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the person neglecting or refusing to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74359

GIVEN NAME ADDED 3/8/16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: FREDERICK GRANDON TRAUT 7th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12th Sept 96
4. *Place of Birth, (Street and Number)* 414 Sanders St
5. *Full Name of Mother,* Louise Traut
6. *Mother's Maiden Name,* Whitgreen
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Conrad Traut
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, E Gerwell

Address, 414 E Lexington

Remarks.

1896000002467

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. Harry T. Bowers

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th

1. Sex. (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 12th 1896
4. Place of Birth, (Street and Number) 508 Falls Road, Hampden
5. Full Name of Mother, Edith S. Bowers
6. Mother's Maiden Name, Edith S. Turner
7. Mother's Birthplace, Balt Co. Md
8. Full Name of Father, James W. Bowers
9. Father's Occupation Factory operative
10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 421 Roland Ave. Hampden

Remarks,

1896000 2468

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 12 [illegible] 6
4. *Place of Birth, (Street and Number)* 1101 Chesapeake
5. *Full Name of Mother,* Maggie Bottner
6. *Mother's Maiden Name,* Maggie Schlueck
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Bottner
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Marie Sarasin

Address, 824 Canton St.

Remarks,

8960002469

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74362.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 12th 96
4. Place of Birth, (Street and Number) 1025 Mosher St.
5. Full Name of Mother, Addie L. Smallwood
6. Mother's Maiden Name, Ballard
7. Mother's Birthplace, Maryland
8. Full Name of Father, John W. Smallwood
9. Father's Occupation, Porter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Wilkins Kirk M.D

Address, 1214 W. Lafayette Ave.

Remarks, 8960002470

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 4. The said Registrar shall see that the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, date and place of birth, and the full name, age, birthplace and occupation of its parents, the date and place of their marriage, and such other facts as he shall deem necessary for the perfection of the records; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate for the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance at the birth, then the mother or nurse of such child shall within ten days after the birth of such child make such certificate and deliver the same as aforesaid. Provided, however, that it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time prescribed in this section, shall be attendance upon the birth of such child, and in the absence of such person or persons, then any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the attending physician or midwife, or the owner or agent of the house in which the birth occurred, to the office of the Commissioner of Health, within the space of ten days after the birth; and the third day of each and every month to the office of the Commissioner of Health, a like certificate between the first and tenth days of each month, of every birth which shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth of such child within the time and in the manner as within provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sixth & Seventh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male & Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 13 - 96
4. Place of Birth, (Street and Number) 1031 N. Washington
5. Full Name of Mother, Sarah Taylor
6. Mother's Maiden Name, " Ogle
7. Mother's Birthplace, Balto
8. Full Name of Father, Albert C. Taylor
9. Father's Occupation Bricklayer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St.

Remarks,

8960002471

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth. May 13, 1896.
4. Place of Birth, (Street and Number) 1025 Cedar ave.
5. Full Name of Mother, Laura Virginia Sprinkle.
6. Mother's Maiden Name, Hobble.
7. Mother's Birthplace, Ind.
8. Full Name of Father, Noah C. Sprinkle.
9. Father's Occupation Railroader.
10. Father's Birthplace, Ind.

Name of Medical Attendant, or other person who makes this Return, Edward Mitchell M.D.

Address, 791 Chestnut ave.

Remarks,

8960002472

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date (place of birth of the parents, if known) and place of birth of the child, and such other information as may be required on the blank schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Wht
3. *Date of Birth,*	May 23rd 96
4. *Place of Birth, (Street and Number)*	1363 W. North Ave.
5. *Full Name of Mother,*	Mrs E. C. Bange
6. *Mother's Maiden Name,*	Lenora F. Becker
7. *Mother's Birthplace,*	Carroll Co. Md.
8. *Full Name of Father,*	E. C. Bange
9. *Father's Occupation*	Telegrapher
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	E. A. Quick M.D.
Address,	2505 Penna. Ave.
Remarks,	

+ 8960002473

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 14, 1896.
4. *Place of Birth, (Street and Number)* 2822 Cedar ave.
5. *Full Name of Mother,* Ella May Martin.
6. *Mother's Maiden Name,* Edwards.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father.* Wm. Ballard Martin.
9. *Father's Occupation* Railroader.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8960002474

month, and shall set forth so far as the same can be ascertained, the full name of each child, (if any shall have been conferred) his sex, color, the full names and occupation of his parents, the date and place of birth; and the said certificate shall be signed by the mother, if able, and by the person who shall be present at the birth. And every third day of each and every month to the office of the Commissioner of Health. In case a birth or births as aforesaid shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, where such birth or births occur, to make such certificate as is required, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 14, 1896.
4. Place of Birth, (Street and Number) 128 Stone Hill Rd. Towson
5. Full Name of Mother, Mary Catherine Warner.
6. Mother's Maiden Name, O'Connor.
7. Mother's Birthplace, Va.
8. Full Name of Father, George Albert Warner.
9. Father's Occupation Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

18960002475

been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Board of Health, as aforesaid. And the said officer shall issue without fee a burial permit to the undertaker or sexton upon the delivery of such certificate. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wht
3. *Date of Birth,* May 14/96
4. *Place of Birth, (Street and Number)* 508 Carlton St
5. *Full Name of Mother,* Mrs Chas. Eyler
6. *Mother's Maiden Name,* Emma Mehne
7. *Mother's Birthplace,*
8. *Full Name of Father,* Chas. Eyler
9. *Father's Occupation* Garbage Cart Driver
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return E. R. Smith M.D.

Address, 2505 Penna. Ave.

Remarks,

8960002476

Wm. J. C. Dulany Co., City Printers and Stationers.

...name can be ascertained, the full name of each child, if any shall have been conferred. It is also to state the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife, or other person in attendance, to the Commissioner of Health, or his authorized agent, within the third day of each and every month to the office of the Commissioner, in the case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or shall not be delivered by the attendance aforesaid, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 14 1896
4. *Place of Birth, (Street and Number)* No. 1521 Ainsworth St
5. *Full Name of Mother,* Johanna Braden
6. *Mother's Maiden Name,* Johanna McKenna
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Edward F. Braden
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Geo. A. Elwell M.D.

Address, 1424 Madison Ave

Remarks,

1896U002477

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 15th 1876
4. Place of Birth, (Street and Number) Baltimore 532 W. Mount St
5. Full Name of Mother, Mary C. Ellers
6. Mother's Maiden Name, Mary C. Gross
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Robert H. Ellers
9. Father's Occupation Grifman on cable cars
10. Father's Birthplace, Queen Anns county Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Shockenis

Address, 71 Cumberland St

Remarks,

1 8 9 6 U 0 0 2 4 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said physician shall be delivered, duly signed by the practitioner in charge of the case, to the Commissioner of Health, on or before the third day of each and every month to the office of the Commissioner of Health. In case the child be first laid in charge of a midwife, the midwife shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 15 1896
4. Place of Birth, (Street and Number) #604 N Lafayette ave
5. Full Name of Mother, Sophie Abbaud
6. Mother's Maiden Name, Lipley
7. Mother's Birthplace, Balto City
8. Full Name of Father, Chas. H. Abbaud
9. Father's Occupation Clerk
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Louis S Huck

Address, 647 N Lafayette ave

Remarks,

1896 00 02479

been conferred; its sex, color, the full name and occupation of its parents, the date and exact place of birth, and the name and address of the physician or midwife in attendance at the birth. If a child be born alive in this City, and the birth of such child be not reported as above required within the period of ten days, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.). 2nd.

1. *Sex.* (state whether male or female). female
2. *Race or Color.* (if not of the white race) white
3. *Date of Birth.* June 1 1896
4. *Place of Birth.* (Street and Number) 113 Caroline St
5. *Full Name of Mother.* Louis Lillie Selden
6. *Mother's Maiden Name.* Annie Hardee
7. *Mother's Birthplace.* Balto
8. *Full Name of Father,* Louis Selden
9. *Father's Occupation* Laborer
10. *Father's Birthplace.* Balto

Name of Medical Attendant, or other person who makes this Return, Mary E Lemmon M.D.

Address. 926 Caroline St

Remarks.

1896 00002480

Wm. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the mother's confinement, it shall become the duty of the person in whose house or premises said child is reported as born to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 15, '96
4. Place of Birth, (Street and Number) 1609 E. Lombard St
5. Full Name of Mother, Gertie Ritter
6. Mother's Maiden Name, " Wolf
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Geo. F. Ritter
9. Father's Occupation Collector
10. Father's Birthplace. Balto Md
Name of Medical Attendant, or other person who makes this Return, Caroline Miller
Address. 1608 Chatham St
Remarks,

1 8 9 6 0 0 0 2 4 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, May 15/96
4. Place of Birth, (Street and Number) 2826 Penna. Ave.
5. Full Name of Mother, Mrs Casper J. Muth
6. Mother's Maiden Name, Clara V. Bryan
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Casper. Jr. Muth
9. Father's Occupation Butcher
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. E. Schmick M.D.

Address, 2035 Penna. Ave.

Remarks,

8966002482

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth and the full christian name conferred upon the child, if named. It shall be the duty of the Commissioner of Health to furnish upon request, to every midwife, physician or person having charge of a case of confinement, a blank form of certificate, which shall contain the information required by this section to be reported to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of such child to report the birth to the Commissioner of Health, in the manner and within the time above specified. And any such person failing to report as herein required, and any midwife, physician or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 of may
4. Place of Birth, (Street and Number) 100 7 south pkes st
5. Full Name of Mother, Anna Watts
6. Mother's Maiden Name, Anna groshome
7. Mother's Birthplace, Calvert County
8. Full Name of Father, George W Watts
9. Father's Occupation, Machinast
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Banks

Address, Cross St

Remarks,

8960002483

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or mother of such child to register its birth to the Commissioner of Health, in the manner and within the period above specified; and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) African
3. Date of Birth, May 15, 1896
4. Place of Birth, (Street and Number) 544 Moore St., City
5. Full Name of Mother, Lizzie Cooper
6. Mother's Maiden Name, Lizzie Cooper
7. Mother's Birthplace, St. Mary's County
8. Full Name of Father, Samuel Clark Cooper
9. Father's Occupation Rag Collector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. F. L. Allen

Address, Maryland General Hospital, City

Remarks.

+ 8 9 6 0 0 0 2 4 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person required by law to report the birth of any child shall write plainly in ink, or with a pencil, in the blank spaces provided for that purpose, the full name and occupation of its parents, the date and place of birth, and the sex of such child, and shall sign his name and place of residence to the statement. In case no other person be in attendance, the mother, immediately after the birth of her child, shall report the same to the office of the Commissioner of Health. In the case no other person be in attendance upon the mother, immediately after the birth of her child, shall report the same to the office of the Commissioner of Health. In the manner and within the period above required, and any person required by law to report the birth of a child who shall neglect or refuse to perform such duty, or any physician or midwife who shall hereafter fail to comply with the provisions of the section shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d. Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 15th 1896.
4. *Place of Birth, (Street and Number)*	314 State St. City.
5. *Full Name of Mother,*	Johanna Sanders
6. *Mother's Maiden Name,*	" Wafalmeyer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Sanders
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other person who makes this Return.	[illegible]
Address,	711 W. Cross St
Remarks,	

1896000002485

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the person who shall receive the first information of such birth, shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) white
3. Date of Birth, March 15th 1896
4. Place of Birth, (Street and Number) 45 Berwick Ave
5. Full Name of Mother, Mary R. Leeman
6. Mother's Maiden Name, " Schaffer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Leeman
9. Father's Occupation, Clerk
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Jno. C. F. La Dieu

Address, 42 Berwick Ave

Remarks,

8960002486

This Certificate, for each child born, must be signed by the Attending Physician or Midwife, if there was one present at the birth, and if not, then by the father or mother of the child, or the householder or owner of the premises where the birth occurred. A certificate between the first and tenth day of each month shall be delivered, or sent by mail, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. SHLANY & SO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, to whom the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required by this section to give information concerning the birth of such child to enter such birth in the schedule of the month, it shall become the duty of the person or parents of such child to enter such birth in the schedule of the month next following, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. May the 1st 1896
4. Place of Birth, (Street and Number) Baltimore County Annapolis road
5. Full Name of Mother. Mrs Thomas Mulvaney
6. Mother's Maiden Name. Mary Mullan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Mulvey
9. Father's Occupation Glass Cutter
10. Father's Birthplace, Canada New York

Name of Medical Attendant, or other person who makes this Return. Ned Barge

Address, 711 W. Cross st.

Remarks,

1896 0 0 0 2 4 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 74380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th
1. Sex, (State whether male or female)	male
2. Race or color, (if not of the white race)	white
3. Date of Birth,	May 10 th 1896
4. Place of Birth, (Street and Number)	261 Fells Road
5. Full Name of Mother,	Carrie E Johnson
6. Mother's Maiden Name,	" " Gosnell
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Andrew Johnson
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Va.
Name of Medical Attendant, or other person who makes this Return.	Wm A. Fe Sleman
Address,	102 Chestnut Ave
Remarks,	1896 00024888

J. S. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 74381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the midwife or by the person who shall make the certificate, before the expiration of the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report such birth as herein required. In like manner and within the like period, it shall be the duty of any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 16 May
4. Place of Birth, (Street and Number) 1500 Orleans
5. Full Name of Mother, Lannie Seitz
6. Mother's Maiden Name, " Hamming
7. Mother's Birthplace, Balto, Md.
8. Full Name of Father, Albert Seitz
9. Father's Occupation Potter
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return, Mrs R Uhrig

Address, 1302 E Lexington St

Remarks,

1896U002489

RETURN OF A BIRTH. 74382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. May 16, 1896
4. Place of Birth, (Street and Number) 379 Mosher St.
5. Full Name of Mother, Katherine Willoughby.
6. Mother's Maiden Name, Ostendorff
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Eugene Willoughby.
9. Father's Occupation Clerk.
10. Father's Birthplace, St. Louis. Mo.

Name of Medical Attendant, or other person who makes this Return, O. Edward Janney M.D.

Address, 837 N Eutaw St.

Remarks,

1896 0002490

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth; and the said physician or midwife or other person in attendance shall deliver to the person required to report the birth of any child as aforesaid, duly signed by him or her, a certificate in the form of a certificate to be furnished by the Commissioner of Health, stating the sex, color, date and place of birth of such child, and the full names and occupation of its parents, which certificate shall be delivered to the person required to report the birth of such child as aforesaid within ten days after the birth of such child. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or persons required, and hereinbefore designated, to report the birth of such child, to cause the same to be registered, and to procure a certificate of such birth, in the manner and within the time prescribed in this section, which certificate shall be immediately thereafter filled out by the person so reporting, and delivered to the Commissioner of Health. Any person who shall fail to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Geneva Letha Pentz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 16, 1896
4. Place of Birth, (Street and Number) 744 E. Preston St.
5. Full Name of Mother, Matilda Catherine Pentz
6. Mother's Maiden Name, " " Shallus
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel E. Pentz
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. Edward Downey, M.D.

Address, 857 N. Eutaw St.

Remarks, GIVEN NAME ADDED. 9-11-53

1896000 2491

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each and every month to the office of the Commissioner of Health. In case there is no such attendance upon the mother, the Commissioner of Health, or such other person as he shall appoint, shall have the right to investigate the case, and the said Commissioner of Health, or such other person he shall occupy without the attendance of a physician or practitioner, shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above recited, and attendance upon the mother. The Commissioner of Health, or such other person as he shall appoint, shall have the right to investigate the case, and the said Commissioner of Health, or such other person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

FROM J. C. BULLANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 74384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 16, 1896.

4. Place of Birth, (Street and Number) No. 1456 Harlem ave.

5. Full Name of Mother, Minnie Eisenhour

6. Mother's Maiden Name, Minnie Porter

7. Mother's Birthplace, Maryland.

8. Full Name of Father, Luther L. Eisenhour

9. Father's Occupation Hatter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. H. Elwell M.D.

Address, 1744 Harlem ave.

Remarks,

1896 0002492

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM KODA

RETURN OF A BIRTH. 74385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 16th 1896
4. *Place of Birth, (Street and Number)* 641 W Pratt St
5. *Full Name of Mother,* Annie E. Meredith
6. *Mother's Maiden Name,* Annie E Kaufman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno M. Meredith
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, M A Ledley

Address, 1004 West Lexington St

Remarks,

1896 00002493

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, if not of the white race)*	White
3. *Date of Birth,*	March 17, 1896
4. *Place of Birth, (Street and Number)*	905 Georgia Alley
5. *Full Name of Mother,*	Mary Fridder
6. *Mother's Maiden Name,*	Mary Lacore
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George Fridder
9. *Father's Occupation*	Cabinet maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mary L. Smagner
Address,	821 Carlton St
Remarks,	

8960002494

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 8-25-58

RETURN OF A BIRTH. 74387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bertha Connor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May the 17 1896
4. Place of Birth, (Street and Number) Wilkins Ave No 2127
5. Full Name of Mother, Ellen J Connor
6. Mother's Maiden Name, Ellen J Sno
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louisa P Connor
9. Father's Occupation Shipping Clerk
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Dr. D. Kelly

Address, No 1922 Wilkins Ave

Remarks,

8960002495

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Be it enacted, &c., That the name and occupation of the parents, the date and place of birth, and the sex of each child born alive within the limits of Baltimore city, shall be returned to the Commissioner of Health, by the person who shall sign the certificate of such birth, within the first and third day of each and every month, on the blank forms to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwife, it shall be the duty of the person or persons in charge of the premises where the birth occurs, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 17 1896
4. Place of Birth, (Street and Number) 2204 Hudson al Baltimore
5. Full Name of Mother, Mariah Lutinia Page
6. Mother's Maiden Name, Butler
7. Mother's Birthplace, Frederick City Md
8. Full Name of Father, Charles H. Page
9. Father's Occupation, Waiter
10. Father's Birthplace, King Queen co Virginia

Name of Medical Attendant, or other person who makes this Return, Darkis Jane Geary

Address, 310 3½ St Baltimore Md

Remarks, 8960002496

Each (collector) his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered with the certificate of birth. In case the birth of any child Third day of each month to the office of the Commissioner of Health, or shall become the duty of the person required, and attendance upon the mother, immediately after the birth, to report the birth to the Commissioner of Health, in the manner and under the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. BULLARY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Third

1. Sex, (state whether male or female). Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 17th 1896

4. Place of Birth, (Street and Number) 419 West Cross st

5. Full Name of Mother, Annie Giesseman

6. Mother's Maiden Name. Annie Hart

7. Mother's Birthplace. Baltimore City

8. Full Name of Father. Ferdinand Giesseman

9. Father's Occupation Glass Blower

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Barge

Address. 711 N. Eutaw st

Remarks.

8960 02497

been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each month, to the officer of the Commissioner of Health, from whose district the child shall have been born; and no certificate of a birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents neglecting or refusing to comply with the requirements of this section shall be subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 17, 1896
4. Place of Birth, (Street and Number) 1432 John St
5. Full Name of Mother, Emily M.C. Meares
6. Mother's Maiden Name, " " Woods
7. Mother's Birthplace, Md
8. Full Name of Father, Armand De R. Meares
9. Father's Occupation Minister
10. Father's Birthplace, N. C.

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Ave.

Remarks, Instruments and Chloroform

6 9 6 0 0 0 2 4 9 8

Every case of birth occurring after the first day of January, 1877, shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after such birth, and if any shall have been concealed its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be filled up and signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. Should no other person be in charge of such child, the physician or midwife in attendance shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

(over)

RETURN OF A BIRTH. 74391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lewis Sherman REXROTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 15, 1896.
4. Place of Birth, (Street and Number) 1312 28th St.
5. Full Name of Mother, Emma D. Rexroth.
6. Mother's Maiden Name, Overlander.
7. Mother's Birthplace, Pa.
8. Full Name of Father, Samuel D. Rexroth.
9. Father's Occupation Railroader.
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Chas. N. Mitchell M.D.

Address, 291 Cherlmont ave.

Remarks, —

8960002499

person contravening this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18th
4. Place of Birth, (Street and Number) 710 E Lexington St
5. Full Name of Mother, Hattie Baker
6. Mother's Maiden Name, Carson
7. Mother's Birthplace, York Pa.
8. Full Name of Father, Christian Baker
9. Father's Occupation Cake Baker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Graf

Address, 206 N Schroeder St

Remarks,

1 8 9 6 0 0 0 2 5 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Any midwife shall be deemed guilty of a misdemeanor who shall neglect or refuse to make the return required by this section, and any midwife who shall wilfully make a false return shall be deemed guilty of a misdemeanor and subject to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-8-52

RETURN OF A BIRTH 74393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ivy Violet ~~Bollinger~~

No. of Child of Mother, (State whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	May 18th 1896
4. Place of Birth, (Street and Number)	118 Chestnut Ave
5. Full Name of Mother,	Minnie V Bollinger
6. Mother's Maiden Name,	" Steel
7. Mother's Birthplace,	Penn
8. Full Name of Father,	Caleb Bollinger
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Jno & Ed Heuman
Address,	102 Chestnut Ave
Remarks,	

8960002501

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and in either case the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11th 1896
4. Place of Birth, (Street and Number) N 511 West West st
5. Full Name of Mother, ~~Harriet~~ Cath. Memmerick
6. Mother's Maiden Name, " " " Higdon
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Herman Louis Memmerick
9. Father's Occupation Grocery Clerk
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mc Bange

Address, 711 N. Eden st.

Remarks,

8960002502

Wm. J. C. Dulany Co., City Printers and Stationers.

said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at such birth required by this section to report the same, then the father or mother of such child, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, May 8 1896
4. Place of Birth, (Street and Number) 614 Bruce street
5. Full Name of Mother, Cora L. Williams
6. Mother's Maiden Name, Carter
7. Mother's Birthplace, Essex Co Virginia
8. Full Name of Father, Charles H. Williams
9. Father's Occupation Laboring
10. Father's Birthplace, Gunston Va for ? county

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 6 U 0 0 2 5 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, colour, the full name and occupation of its parents, the date and place of birth; and the name and residence of the medical attendant, if any, or other person who shall sign the certificate. Such certificate shall be delivered, with all convenient speed, to the office of the Registrar of Births, or should no other person be in attendance upon the birth, it shall become and within the power and duty of the person above required, and shall occur without the limits of the city of Baltimore, in the manner and within the period above required, and shall every child born within the city of Baltimore, or which shall hereafter be born within the limits of the city of each and every attendance at a birth hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

286.]

RETURN OF A BIRTH. 74396.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 18th 1896
4. *Place of Birth, (Street and Number)* No. 341 Ramsay St
5. *Full Name of Mother,* Jennie Hullenberg
6. *Mother's Maiden Name,* Jennie Pickett
7. *Mother's Birthplace,* Baltimore Co.
8. *Full Name of Father,* William Hullenberg
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

64000 02504

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practicing physician or midwife, it shall be the duty of the person or parents of such child so to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-6-51

RETURN OF A BIRTH 74697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ethel E. Wilson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10 96
4. Place of Birth, (Street and Number) 709 Aliceanna St
5. Full Name of Mother, Maggie Wilson
6. Mother's Maiden Name, Maggie Hodges
7. Mother's Birthplace, Md
8. Full Name of Father, Andy Wilson
9. Father's Occupation, Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. J. C. Skinner M.D.

Address,

Remarks,

8 9 6 0 0 0 3 5 0 5

been conferred) its sex color the full name and occupation of its parents the date and place of birth; and the said child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no one of the parents of such child be able to write, the attendant immediately thereafter is still become and within the period above required, and attendance upon the birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 74398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 18th 1896
4. Place of Birth, (Street and Number) 843 Mangold st
5. Full Name of Mother, Dora Ardilla McCaffrey
6. Mother's Maiden Name, Dora Ardilla Barnett
7. Mother's Birthplace, Dorchester Co Maryland
8. Full Name of Father, Paul John McCaffrey
9. Father's Occupation Glassblower
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Barnes

Address, 711 N Crose st

Remarks,

8960002506

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be required to report the same, the parent or parents of such child is required to report the same to the Commissioner of Health, in the manner and within the time above named, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule [illegible] the full name and occupation of the parents, the date and place of birth; and the
shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c*.) 1st.

1. *Sex*, (*state whether male or female*) Female.
2. *Race or Color*, (*if not of the white race*) White.
3. *Date of Birth*, May 18th. 1896.
4. *Place of Birth*, (*Street and Number*) 821 - N - Eutaw St.
5. *Full Name of Mother*, Lulie Pollard Wharton.
6. *Mother's Maiden Name*, Lulie Pollard.
7. *Mother's Birthplace*, Baltimore.
8. *Full Name of Father*, Henry M. Wharton.
9. *Father's Occupation*, Minister of the Gospel.
10. *Father's Birthplace*, Virginia.

Name of Medical Attendant, or other person who makes this Return, Robt H. Wilson.

Address, 820 Park Ave.

Remarks,

89600002507

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1286.]

RETURN OF A BIRTH. 74408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 18, 1896.
4. Place of Birth, (Street and Number) No. 102 Harford ave. ex L.
5. Full Name of Mother, Frederica Krauss.
6. Mother's Maiden Name, Frederica George.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Andrew Krauss.
9. Father's Occupation Driver.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Asa R. Blaxell M.D.

Address, 1741 Harford ave

Remarks,

8960002508

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, born since the birth of such child, the sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly verified, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practicer of midwifery, or should no other person in attendance upon the mother, immediately thereafter, make the return and within the period above required, such child to report its birth to the Commissioner of Health, as herein required, and within the time aforesaid. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	may the 18 1896
4. *Place of Birth, (Street and Number)*	Eagle st No 1834
5. *Full Name of Mother,*	Lillie young
6. *Mother's Maiden Name,*	Lillie Feller
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	henry young
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	germany
Name of Medical Attendant, or other person who makes this Return.	Mrs L Feller
Address,	No 19-22 Wilkins Ave
Remarks,	

8960002509

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, and it shall be the duty of the person or parent of such child to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	9
1. *Sex,* (*state whether male or female*)	male
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth,*	may the 18 18 96
4. *Place of Birth,* (*Street and Number*)	Eagle st No 2002
5. *Full Name of Mother,*	mary Smith
6. *Mother's Maiden Name,*	mary Spindler
7. *Mother's Birthplace,*	germany
8. *Full Name of Father,*	John Smith
9. *Father's Occupation*	Time Keeper
10. *Father's Birthplace,*	germany
Name of Medical Attendant, or other person who makes this Return,	Mr E Kelley
Address,	No 19-22 Watkins Ave
Remarks,	

8960002510

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 19th 1884
4. *Place of Birth, (Street and Number)*	131 S. Peter St
5. *Full Name of Mother,*	Lucy Hagner
6. *Mother's Maiden Name,*	" Krebs
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Oliver Hagner
9. *Father's Occupation*	Glass blower
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leo Rhatenn
Address,	725 Columbia ave
Remarks,	Name of child. Granville O. Hagner

8 9 6 0 0 0 2 5 1 1

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in said place upon whom the duty is imposed by this section, the parent or parents of such child or the occupant of the house in which such birth occurs shall, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 19th

4. Place of Birth, (Street and Number) No. 19. Valley St.

5. Full Name of Mother, Alice A. Sinclair

6. Mother's Maiden Name, Alice A. Colmar

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. H. Sinclair

9. Father's Occupation Foreman in Cigar Factory

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Leo F. Wise M.D

Address, Waverly Balto

Remarks,

8960002512

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 19, 1896
4. Place of Birth, (Street and Number) 1900 Greenmount Ave.
5. Full Name of Mother, Bessie H. Gees
6. Mother's Maiden Name, " " Dunigan
7. Mother's Birthplace, Md.
8. Full Name of Father, Wm F. Gees
9. Father's Occupation Grocer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, G Lane Taneyhill

Address, 1103 Madison Ave.

Remarks,

6 7 6 0 0 0 2 5 1 3

Every Physician, Midwife or other person who shall be in attendance upon the mother, immediately hereafter fill in the blanks on this schedule, and shall deliver, duly signed by the practitioner in the form of a certificate hereinafter provided, to the parent or guardian of such child, if present, or, if not present, shall cause the same to be mailed to the address of such parent or guardian within the city limits, within ten days after the birth shall occur without the limits of the city, to be recovered as other fines and forfeitures are recoverable. Every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the limits of the city, it shall be the duty of the person in charge of the case, if present at the birth, and if not present, then the person who shall be in attendance upon the mother, immediately thereafter to fill in the blanks on this schedule, and shall deliver, duly signed by the practitioner in the form of a certificate hereinafter provided, to the parent or guardian of such child, if present, or, if not present, shall cause the same to be mailed to the address of such parent or guardian within the city limits, within ten days after the birth shall occur without the limits of the city, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month after the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons required by said schedule to report its birth to the Commissioner of Health to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 12 May 1896
4. Place of Birth, (Street and Number) 1630 Eagle St
5. Full Name of Mother, Emma Gregory
6. Mother's Maiden Name, Gregory
7. Mother's Birthplace, Bedford Co Va
8. Full Name of Father, Louis Gregory
9. Father's Occupation Laborer
10. Father's Birthplace, Va Petersburg

Name of Medical Attendant, or other person who makes this Return, Wm E Bowles

Address, 1628 Eagle St

Remarks, Living Well

8960002514

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 May
4. *Place of Birth, (Street and Number)* 1417 E. Eager St.
5. *Full Name of Mother,* Sadie Ruby
6. *Mother's Maiden Name,* Boy Dean
7. *Mother's Birthplace,* Georgia
8. *Full Name of Father,* ~~Frank~~ Truett
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace,* Boy Iron.

Name of Medical Attendant, or other person who makes this Return, Mrs. D Brinkhoelmeier

Address, 1417 E. Eager St.

Remarks,

8960002515

Wm. J. C. Dulaney Co., City Printers and Stationers.

RETURN OF A BIRTH. 74408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d (Third)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 7 1896.
4. Place of Birth, (Street and Number) cor. Harford Ave & Preston St
5. Full Name of Mother, Cora Johnston
6. Mother's Maiden Name, Cora Ridgway
7. Mother's Birthplace, Md.
8. Full Name of Father, Geo. Johnston
9. Father's Occupation Laborer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. J. H. Robinson M.D.

Address, 726 E. Preston St.

Remarks.

8960002516

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health, as aforesaid, and every midwife or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3 May
4. Place of Birth, (Street and Number) 421 E. Monument St
5. Full Name of Mother, Julia Kimball
6. Mother's Maiden Name, Julia Delaney
7. Mother's Birthplace, Hartford Co.
8. Full Name of Father, Joseph W. Kimball
9. Father's Occupation Laborer.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Britt Woodward

Address, 1417 E. Eager St

Remarks,

8900002517

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Physician, Midwife or other person in attendance at a birth shall report to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, the name, sex, color, date and occupation of its parents, and the place of birth; and the said physician, midwife or other person shall deliver a certificate to the effect that he has seen the first and third day of each month to the office of the Commissioner of Health. In case there be no physician in attendance upon the mother, immediately thereafter, or should no other person in attendance report the birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, the mother shall herself report the birth as aforesaid. Any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 to

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 May
4. Place of Birth, (Street and Number) 916 Hanover Ave
5. Full Name of Mother, Mary Goldrick
6. Mother's Maiden Name, Mary McDorta
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joseph E. Goldrick
9. Father's Occupation, Contractor
10. Father's Birthplace, Germantown.

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Agnes Hutchinson

Address, 1411 E. Eager St.

Remarks, 18960002518

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th

1. Sex. (state whether male or female) Male
2. Race or Color. (if not of the white race) white
3. Date of Birth, 5th May
4. Place of Birth. (Street and Number) 1006 E. Chase St
5. Full Name of Mother, Lizzie Mooney
6. Mother's Maiden Name, Lizzie Finn
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Thomas J. Mooney
9. Father's Occupation Baker
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs J Beirne Hardwicke

Address,

Remarks, 1896 00025 19

said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or midwife next called to report its birth to the Commissioner of Health in the manner and within the time above required, and any person or midwife who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 6—96
4. Place of Birth, (Street and Number) 1 Valley st Waverly Annex
5. Full Name of Mother, Annie J. Kistler
6. Mother's Maiden Name, " J. Atchison
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Kistler
9. Father's Occupation, Provision dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rankin MD

Address, 711 Jefferson Ave Waverly

Remarks, Baltimore

1896 00025 20

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall neglect to report the birth of any child, or the still birth of a child of seven months or more of gestation, or the sex, color, the full name and occupation of its parents, the date and place of birth, and the said child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 7 — 96
4. Place of Birth, (Street and Number) 53 Walpert Ave City Connect
5. Full Name of Mother, Margaret M Green
6. Mother's Maiden Name, " " Graham
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James E. Green
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rankin MD

Address, 811 Jefferson Ave Waverly Baltimore

Remarks,

1 8 9 6 0 0 0 2 5 2 1

been centered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, including the child reported, and whether the child reported is the first, second or other child born at a single birth, and every such person shall sign his or her name to said schedule; and every such schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter set forth, to the office of the Commissioner of Health within the third day of each and every month to the office of the Commissioner of Health, or, in case there be no practitioner in attendance upon the birth, then the midwife or other person who shall officiate as midwife; or should no other person be in attendance upon the birth, then the parent or parents of such child shall cause such birth to be reported as aforesaid within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 15 — 96
4. *Place of Birth, (Street and Number)* 223 Cedar Ave. Hampden Annex
5. *Full Name of Mother,* Annie Jenkins
6. *Mother's Maiden Name,* " " Porter
7. *Mother's Birthplace,* Prince George Co Md
8. *Full Name of Father,* William W. Jenkins
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return, R L Rankin M D

Address, 811 Jeff Ave Waverly

Remarks. Baltimore

8 9 6 0 0 0 2 5 2 2

been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate hereto annexed, to the Registrar of the district in which the birth occurs within the first and every month to the office of the Commissioner of Health. In case there is no physician or midwife in attendance upon the mother, the owner or agent of the house in which the birth occurs shall cause the said child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-21-55

RETURN OF A BIRTH. 74415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irene May ~~Brunkey~~ Buckey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (~~if not of the white race~~) White
3. Date of Birth, May 18, 1896
4. Place of Birth, (Street and Number) 408 Parrish
5. Full Name of Mother, Lillie J Buckey
6. Mother's Maiden Name, Lillie J Matthews
7. Mother's Birthplace, Harpers Ferry W Va.
8. Full Name of Father, Jas. R. L Hurley
9. Father's Occupation Driver.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J Harlan Cole M.D.

Address, 1321 N Charles St. Balto. Md.

Remarks,

8960002523

Wm. J. C. Dulany Co., City Printers and Stationers

shall be delivered to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the first ten days of each and every month, signed by the practitioner in the form of certificate between the first and the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report its birth to the Registrar of Health, in the manner and within the period above required, such child to report its birth to the Registrar of Health, in the manner and within the period above required, such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 19 '96
4. Place of Birth, (Street and Number) 1019 N. Wallace St.
5. Full Name of Mother, Edna Sendenzahl
6. Mother's Maiden Name, Hoppe
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Charles Sendenzahl
9. Father's Occupation, Foreman
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Milby

Address, 1005 Wallace St

Remarks,

1 8 9 6 0 0 0 2 5 2 4

said echelon shall be delivered duly signed by the practitioner in the form of a certificate between the first and fifth days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the parents of such child to report the same to the Commissioner of Health, in the manner and within the time above specified and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

RETURN OF A BIRTH. 74417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 1896
4. *Place of Birth, (Street and Number)* 1809 Duncan Place
5. *Full Name of Mother,* Barbara Ebert
6. *Mother's Maiden Name,* " Eglenbrigt
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Johan Ebert
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline E. Miller

Address, 1605 Walker St

Remarks,

8960002525

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 9, 1896
4. Place of Birth, (Street and Number) 1269 Harlem ave
5. Full Name of Mother, Mary Balzer
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Germany
8. Full Name of Father, Bernard Balzer
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18960002526

been completed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health, or should no such person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. 74419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elma Scharf Little

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 20th 1896
4. Place of Birth, (Street and Number) 2030 W. Lexington st
5. Full Name of Mother, Mary M. Little
6. Mother's Maiden Name, Mary M. Scharf
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, David Little
9. Father's Occupation Poultry Dealer
10. Father's Birthplace, Carroll Co., Md.

Name of Medical Attendant, or other person who makes this Return, Dan'l E. Gilbert M.D.

Address, 1102 W. Lafayette Ave

Remarks,

8960002527

The undersigned is hereby directed by the practitioner in the form of a certificate between the lines and he shall cause the same to be delivered duly to the office of the Commissioner of Health, and should no other person be in attendance at the birth of any child said certificate shall be delivered duly to the office of the Commissioner of Health, and should no other person be in attendance at the birth of any child the undersigned is hereby directed by the practitioner in the form of a certificate between the lines and he shall cause the same to be delivered duly to the office of the Commissioner of Health, in the manner and within the period above mentioned. And if the undersigned or the practitioner in attendance at the birth of any child shall neglect or refuse to report its birth to the Commissioner of Health, in the manner and within the period above mentioned, he shall be subject to the penalty of fifty dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht
3. Date of Birth, May 20/96
4. Place of Birth, (Street and Number) 226 Amity St.
5. Full Name of Mother, Mrs William McKnight
6. Mother's Maiden Name, Theresa Dagenhardt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William McKnight
9. Father's Occupation Engineer
10. Father's Birthplace, Delaware

Name of Medical Attendant, or other person who makes this Return, E A Smith M D

Address, 2505 Penna. Ave

Remarks,

18960002528

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered within the time and to the officer aforesaid by the physician, midwife or other person in attendance upon the mother; immediately thereafter. In the manner and within the period above required, and in case there shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and in case there shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report the birth to the proper officer, it shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

...been committed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* 20th of May
4. *Place of Birth, (Street and Number)* 620 [illegible] St
5. *Full Name of Mother,* Catharine Lipkey
6. *Mother's Maiden Name,* Catharine Rumpfle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Lipkey
9. *Father's Occupation* Labor
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary T. [illegible]
824 Canton St

Address,

Remarks,

1 8 9 6 0 0 0 2 5 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 20th 96.
4. Place of Birth, (Street and Number) 611 E. Baltimore St.
5. Full Name of Mother, Minnie E. Busick
6. Mother's Maiden Name, " " Burton.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert L. Busick
9. Father's Occupation, Salesman
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, W. R. Perry M.D.

Address,

Remarks,

1 8 9 6 0 0 0 2 5 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife or other person required by law to report births, shall make return of every birth at which he or she shall officiate, or of which he or she shall have knowledge, to the office of the Commissioner of Health, in the manner and within the period above required, and shall incur without the attendance of a physician or practitioner of the duty of the person or parents of such child to report the birth, immediately after the birth of such child to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately after the birth of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall incur the same penalty for neglect. Every midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 20 1896
4. Place of Birth, (Street and Number) St. Vincents Infant Asylum
5. Full Name of Mother, Mary Brown
6. Mother's Maiden Name, Mary Brown
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, A. L. Resin M. D.

Address, 707 N. Eutaw St

Remarks,

8 9 6 0 0 0 2 5 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

been complied with, the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered by the practitioner in the form of a certificate between the first and tenth days of each and every month to the office of the Commissioner of Health. In case there is no such physician or midwife in attendance, such certificate shall be made by the father or mother of such child, or in case of the death or absence of both father and mother, or the inability of both to act, then by the householder or owner of the premises where the birth occurs. And in case no person shall occur without the attendance of a physician or midwife, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 May 20 [illegible]
4. Place of Birth, (Street and Number) 220 S. Eden [illegible]
5. Full Name of Mother, Blanch Lynch
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Thomas Lynch
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Wm. Marvin Hall

Address, 206 N. Schroeder St

Remarks.

1896000 2532

said schedule shall be delivered, duly signed by the attendant in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance who shall sign such certificate, the mother, if able, shall become the duty to report the birth of such child to report its birth to the Commissioner of Health, the same as required by this section, and in default of any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars or each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 20 1896
4. Place of Birth, (Street and Number) 434 E. Baltimore St.
5. Full Name of Mother, Elisabeth Lohring
6. Mother's Maiden Name, Schlerret
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Lohring
9. Father's Occupation, Basket Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Mary Klein

Address, 1427 E. Oraft St.

Remarks,

8960002533

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Physician, Midwife or other person who shall attend upon any birth, shall write the date and place of birth; and the full name, residence and occupation of the parents, on a certificate to be furnished by the Commissioner of Health, and shall deliver, duly signed, the certificate between the first and third day of each and every month to the officer designated by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or householder with whom the mother shall be at the time of the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the forfeiture of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance, then the mother of such child shall make return of the same within the time and in the manner and to the person above required, and child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 20, 1896.
4. Place of Birth, (Street and Number) 2812 Cadoran.
5. Full Name of Mother, Magdalene Simpers.
6. Mother's Maiden Name, Folkert.
7. Mother's Birthplace, Md.
8. Full Name of Father, Richard Lee Simpers.
9. Father's Occupation Railroader.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Tibbetts M.D.

Address, 291 Chesterfield ave.

Remarks,

8960002534

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	May 20, 1896
4. *Place of Birth, (Street and Number)*	905 Kennett St.
5. *Full Name of Mother,*	Julia Kent.
6. *Mother's Maiden Name,*	Kent.
7. *Mother's Birthplace,*	Cabert Co
8. *Full Name of Father,*	Daniel Kent.
9. *Father's Occupation*	Coal Dealer
10. *Father's Birthplace,*	Cabert Co.
Name of Medical Attendant, or other person who makes this Return,	
Address,	
Remarks,	

8960002535

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 12-18-58

RETURN OF A BIRTH. 74428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Francis Elmer Young

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) ~~Female~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 21st 1896
4. Place of Birth, (Street and Number) 503 Chester Ave.
5. Full Name of Mother, Emma Lillie Young
6. Mother's Maiden Name, Emma Lillie Patterson
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Francis Marion Young
9. Father's Occupation Paperhanger
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, M A Lefler

Address, 1124 W Lexington or 310

Remarks.

8960002536

been corrected in sex, color, or as to name and occupation or as to any of the facts and place of birth shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female 2nd

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 20th July 96
4. Place of Birth, (Street and Number) 1927 E Fort Ave
5. Full Name of Mother, Clara Keith
6. Mother's Maiden Name, Reid
7. Mother's Birthplace, Jefferson Co Ga
8. Full Name of Father, Chas E. Keith
9. Father's Occupation Laborer Grays Balto Co
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, E. Yarrell

Address, 1426 E Fort Ave

Remarks,

1896000 2537

shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other return of such birth be made within the time above required, it shall become the duty of the owner or occupier of the house in which the birth occurs, or in the absence of such owner or occupier, of the nearest relative of the child present at the birth, immediately thereafter, to report the birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child's

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 May 1896
4. Place of Birth, (Street and Number) 1729 Riverside Ave
5. Full Name of Mother, Margaret Ann Kemp
6. Mother's Maiden Name, Lovette
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph W. Kemp
9. Father's Occupation Oyster Roaster
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E J Brooks

Address, 208 Light

Remarks, Dang Well

8960002538

said schedule shall be delivered, duly signed by the practitioner in the form on certificate between the first and third day of each and every month to the office of the Commissioner of Health. That is to say: Every person who shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the birth, immediately thereafter, it shall become the duty of the person or parents of such child to report in like manner and form as is herein required within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 C Child

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address. [illegible]

Remarks, [illegible]

1896000 2539

said schedule shall be delivered, duly signed by the physician in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the presence or attendance of a physician or practitioner of midwifery, or should no other person be required by this section to report its birth to the Commissioner of Health, the parent or parents of such child or children shall become severally liable to the penalty above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-18-53

RETURN OF A BIRTH. 74432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Paul Maurice ~~Higinbothom~~ Higinbothom

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 21st 1896
4. Place of Birth, (Street and Number) 2120 Penna ave
5. Full Name of Mother, Elma Higinbothom
6. Mother's Maiden Name, " Paul
7. Mother's Birthplace, Balto City
8. Full Name of Father, Maurice Higinbothom
9. Father's Occupation Painter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Dr Wm E Huck

Address, 647 N Lafayette ave

Remarks,

1896 00 02540

Wm. J. C. Dulany Co., City Printers and Stationers.

Every city or county physician or midwife practicing in the city of Baltimore shall report to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the parents of such child within the period above required, and otherwise such person shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Section 161 of Article 4 of the Code of Public Local Laws of Baltimore City.

RETURN OF A BIRTH. 74433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Five

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 day of may 1896
4. Place of Birth, (Street and Number) 1044 Ridgely st
5. Full Name of Mother, Mary Lizzie Parker
6. Mother's Maiden Name. Mary Lizzie Hoffman
7. Mother's Birthplace, Baltimore
8. Full Name of Father. Robert H Parker
9. Father's Occupation Long shoreman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Darrow

Address. 711 W Cross st

Remarks.

L 8960 02541

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth may be in attendance upon the mother immediately after the birth, or in case no physician or midwife shall be in attendance upon the mother immediately after the birth, or in case the child shall be still born, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 2nd 1896.
4. Place of Birth, (Street and Number) #2203 Essex St. Balto.
5. Full Name of Mother, Barbara Asthore
6. Mother's Maiden Name, Barbara Sanders.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Patrick Asthore.
9. Father's Occupation, Labour.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary M Taylor.

Address, #611 S. Patterson Pk Ave

Remarks,

8960002542

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the attendant upon any birth shall neglect or refuse to make such return, or shall neglect or refuse to cause the duty of the person or parents of such child to report the birth to be performed, as above required, the person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74435

CERTIFICATE CORRECTED 12-19-58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Ann Bush

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 (3rd) (3rd)

1. Sex, (state whether male or female) (Female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21 May 1916

4. Place of Birth, (Street and Number) 727 E Heath St

5. Full Name of Mother, (Mary Ann) Bush (Cloarty)

6. Mother's Maiden Name, Cloarty

7. Mother's Birthplace, Balto

8. Full Name of Father, Henry Bush

9. Father's Occupation Steamfitter Helper

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return Dr. E. L. Brooks

Address, 1618 E Baltimore St

Remarks, Born Well

1 8 9 6 0 0 0 2 5 4 3

said certificate shall be delivered, duly signed by the petitioner in the form of a certificate between the first and third day of each and every month after the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the mother of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 21st 96

4. Place of Birth, (Street and Number) 1520 Homewood Ave

5. Full Name of Mother, Catherine O. Ellis

6. Mother's Maiden Name, " Adams

7. Mother's Birthplace, Balto

8. Full Name of Father, John H. Ellis

9. Father's Occupation Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks,

18960002544

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1 Colored

1. Sex, (*state whether male or female*). Female
2. Race or Color, (*if not of the white race*) Colored
3. Date of Birth, 24 March 1892
4. Place of Birth, (*Street and Number*) 1602 Pine St
5. Full Name of Mother, Louise Bramucke
6. Mother's Maiden Name, Wolf
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo Bramucke
9. Father's Occupation Confectioner Pastry
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E. L. Graden

Address, 1602 Pine St

Remarks, 7½ Months

+ 8960002545

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case a birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the requirements of this section, shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74438

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 21st 1896
4. *Place of Birth (Street and Number)*	422 Girard ave
5. *Full Name of Mother*	Margaret Binstead
6. *Mother's Maiden Name*	" Dreux
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	George Joseph Binstead
9. *Father's Occupation*	Gas Maker
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Sam'l Bell Dun
Address	324 N Eutaw st
Remarks	

8 9 6 0 0 0 2 5 4 6

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full names, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 74439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11 96
4. *Place of Birth, (Street and Number)* 1014 McDonough St
5. *Full Name of Mother,* Anna V. Stewart
6. *Mother's Maiden Name,* McKay
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* E. V. Stewart (Deceased 7 mos.)
9. *Father's Occupation* Mchst
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return J. H. Robinson M.D.

Address, 736 E. Preston St

Remarks,

1 8960002547

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of its certificate between the first and fifth days of each month, to the registrar of vital statistics of the district in which the birth of any child shall occur without the certificate of a physician or midwife, if there should be no other person in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of not less than five dollars nor more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 22 1896
4. *Place of Birth, (Street and Number)*	1508 Eagle St.
5. *Full Name of Mother,*	Mary Sheridan
6. *Mother's Maiden Name,*	Keiver
7. *Mother's Birthplace,*	New York City
8. *Full Name of Father,*	Patrick Sheridan
9. *Father's Occupation*	Huckster
10. *Father's Birthplace,*	New York City
Name of Medical Attendant, or other person who makes this Return,	Jno. C. Weith M.D.
Address,	14 E Pleasant St.
Remarks,	

1896 00 02548

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or inmate of such house where such birth occurs, and within the time and under the penalties prescribed, to report such birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5—

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, May 22, 1896.
4. Place of Birth, (Street and Number) 914 Tuckahoe ave.
5. Full Name of Mother, Eliza Jane Scott.
6. Mother's Maiden Name, Shipley.
7. Mother's Birthplace, Md.
8. Full Name of Father, William J. Scott.
9. Father's Occupation, Cotton Mill Operative.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Charlotte ave.

Remarks,

1896000025 49

Wm. J. C. Dulany Co., City Printers and Stationers

been committed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the fact that such return has been made, shall be certified by the person making the same. A certificate between the first and fifth days of each month, of all births occurring during the preceding month, shall be given at the office of the Commissioner of Health. If no birth shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health at the end of the period above required, and such person or persons shall be subject to the same penalty for failure to comply with the provisions of this section as is prescribed in the case of births occurring in the presence of other persons. Each offense shall be punished by a fine of not less than five dollars (5) nor more than fifty dollars (50) for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance of a physician or midwife, or should no other person be required, and shall occur without the attendance of a physician or midwife, in the presence of the person on whom the duty of the birth to report is by the Commissioner of Health, in the manner and within the time above required, and said schedule shall be delivered, duly signed by the person upon whom the duty of the birth to report is by this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 22nd 1896

4. Place of Birth, (Street and Number) 18 S. Ann Street

5. Full Name of Mother, Elizabeth Friedle

6. Mother's Maiden Name, " Bunger

7. Mother's Birthplace, Balto Md

8. Full Name of Father, John M. Friedle

9. Father's Occupation Police Officer

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Hannah Knowles

Address, 103 Orleans Street City

Remarks,

+ 8 9 6 0 0 0 2 5 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 22 nd 1896
4. Place of Birth, (Street and Number) Bowleys Lane near Belair ave,
5. Full Name of Mother, Margaretha Lahmer
6. Mother's Maiden Name, " Loder
7. Mother's Birthplace, Germany
8. Full Name of Father, Johan Lahmer
9. Father's Occupation, Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No 7 Mine Bank Lane

Remarks, none

1896000 2551

A certificate shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the time above specified, then it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. 22 d Dec 1896

4. Place of Birth, (Street and Number) 720 Penn St.

5. Full Name of Mother. Louise Spriesmann

6. Mother's Maiden Name, Lipper Stolland

7. Mother's Birthplace. Baltimore

8. Full Name of Father, Louis Spriesmann

9. Father's Occupation Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Chas L Craig

Address. 1111 Ernest

Remarks.

1896 00 02552

Wm. J. C. Dulany Co., City Printers and Stationers.

The Article shall be delivered duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such child to report the birth as directed by this section, and in default thereof each and every person required to report as aforesaid who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a practitioner, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 Mar 1896
4. Place of Birth, (Street and Number) 128 Marshall av
5. Full Name of Mother, Annie Klein
6. Mother's Maiden Name, Crecko
7. Mother's Birthplace, Europe
8. Full Name of Father, Wm Klein
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Wm E E Brooks

Address, 1128 Eutaw

Remarks, Living Well

1896000 2553

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 21 1896
4. Place of Birth, (Street and Number) Jail 21 Orleans
5. Full Name of Mother, Jane Lewis
6. Mother's Maiden Name, Jane Spencer
7. Mother's Birthplace, Md
8. Full Name of Father, Henry Lewis
9. Father's Occupation, Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Thos E Radcliff

Address, H & Eutaw St Baltimore

Remarks, Alive

1896000 2554

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 23, 1896

4. Place of Birth, (Street and Number) 703 N Payson St

5. Full Name of Mother, Alice A. Bell

6. Mother's Maiden Name, Alice Dale

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Edward E. Bell

9. Father's Occupation, Machinist

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, G. W. Slater M.D.

Address, 1896 00 1623 N. Payson St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23d day of May 1876
4. Place of Birth, (Street and Number) N.W. Cor Pratt & Hamilton ave
5. Full Name of Mother, Annie L. Hintz
6. Mother's Maiden Name, Annie L. Brown
7. Mother's Birthplace, Annapolis Md
8. Full Name of Father, Maximilian Edward Hintz
9. Father's Occupation Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, M. A. Gealy

Address, 1004 Mt Lexington St

Remarks,

1 8 9 6 0 0 0 2 5 5 6

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required to report the same, then it shall become the duty of the person occupying the house in which such child was born, to report the birth to the Commissioner of Health, in the manner and within the period above required, and in like manner upon the decease of any child without medical attendance, to report the same, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 28 96

4. Place of Birth, (Street and Number) Maternity 115 W. Lombard St.

5. Full Name of Mother, Mrs. S. Fitzell

6. Mother's Maiden Name, Lula Wilcox

7. Mother's Birthplace, Maryland

8. Full Name of Father, Louis Fitzell

9. Father's Occupation Undertaker

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. C. Austin M.D.

Address. 115 W. Lombard St.

Remarks.

8 9 6 U 0 0 2 5 5 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to be given by the first and third day of each and every month of a physician or practitioner of midwifery, or other person in attendance upon such birth to the Commissioner of Health, at the office of the Commissioner of Health. Should no other person be in attendance upon such birth, the duty of the person or parents of such child to report the same, immediately hereafter, in the manner and within the period above specified, shall be subject to the penalty of ten dollars for each offence. If the said practitioner shall fail to comply with the provisions of this section, he shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May the 23 1896
4. Place of Birth, (Street and Number) Pratt st No 16 4
5. Full Name of Mother, Stella Ford
6. Mother's Maiden Name, Stella Kelley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Elmer E Ford
9. Father's Occupation, Tinner Tinner
10. Father's Birthplace, Easton Talbot Co Md

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, No 19 32 Whitmore Av

Remarks,

1896000 2558

Wm. J. C. Dulany Co., City Printers and Stationers.

was issued, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. May 23rd 96
4. Place of Birth, (Street and Number) 242 W. Lawrence St
5. Full Name of Mother. Laura Hoover
6. Mother's Maiden Name. Laura Linnead
7. Mother's Birthplace. Balto. Md.
8. Full Name of Father. Frederick Hoover
9. Father's Occupation. Book-keeper
10. Father's Birthplace. Baltimore Md

Name of Medical Attendant, or other person who makes this Return. J. F. Mallonee M.D.

Address, 1701 Caroline St Balto Md

Remarks.

1896 U 002559

Wm. J. C. Dulany Co., City Printers and Stationers.

been confined) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the physician or midwife in attendance, or by the parent, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if there is no parent capable of giving the information required, such certificate shall be signed by the householder in whose house the birth occurs, or by the nearest person present at the birth, and shall be delivered to the Commissioner of Health immediately thereafter. It shall become the duty of each and every physician or practitioner of midwifery, or householder or parents of such child, within the period above required, and without any fee or reward therefor, to comply with the provisions of this section. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 May 1896
4. Place of Birth, (Street and Number) 1231 E Lexington St
5. Full Name of Mother, Emma Mullen
6. Mother's Maiden Name, " Heise
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Mullen
9. Father's Occupation Fireman
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs R Mc Ig

Address, 1302 E Lexington St

Remarks,

8960002560

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, whose birth or any child attendance within that time, and in all cases where the person so in attendance was not a practitioner of medicine or midwifery, he shall become the duty of the person or parents of such child to report its birth to the Commissioner thereof, in manner as aforesaid, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex, (state whether male or female)	White Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	May 23rd 1896.
4. Place of Birth, (Street and Number)	#609 S Montford Ave. Balt.
5. Full Name of Mother,	Maggie White.
6. Mother's Maiden Name,	Maggie Clark.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph White.
9. Father's Occupation	Laborer.
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. M Taylor
Address,	#611 S. Patterson Pk. Ave
Remarks,	

1896U002561

. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* White Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* May 23d 1896
4. *Place of Birth, (Street and Number)* 1924 E Lombard Street
5. *Full Name of Mother.* Mary Friedel
6. *Mother's Maiden Name.* Vohth
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father.* Frank C Friedel
9. *Father's Occupation* Cigar Manufacturer
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs H Kern Midwife

Address. 1922 E Fayette Street

Remarks.

1 8 9 6 U 0 0 2 5 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth. May 20 th 1896
4. Place of Birth, (Street and Number) Cor. Leakin and Boston St.
5. Full Name of Mother, Amelia Klingelhoefer.
6. Mother's Maiden Name, Amelia Wolf.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Klingelhoefer.
9. Father's Occupation, Shoe Maker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Taylor

Address 1611 S. Patterson Pk. Ave

Remarks,

8960002563

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case a birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the father or mother of such child fail to report its birth to the Commissioner of Health as herein required, it shall become the duty of the person or inmate of the house in which such birth occurred, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 1-31-57

RETURN OF A BIRTH. 74456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elmira Ashton Bateman,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24, 1896.
4. Place of Birth, (Street and Number) 1404 First-ave.
5. Full Name of Mother, Ella Louise Bateman.
6. Mother's Maiden Name, Coblan.
7. Mother's Birthplace, Md.
8. Full Name of Father, Alfred Worthington Bateman.
9. Father's Occupation Butcher.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1896 00 02564

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon such confinement, then the mother or nurse of such child is hereby required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines; and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, Baltimore City. Every person in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 24th 1896
4. *Place of Birth, (Street and Number)* 822 Gough St
5. *Full Name of Mother,* Ella Kell
6. *Mother's Maiden Name,* " " Sherman
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Kell
9. *Father's Occupation* Shipping Clerk
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Maria Gray

Address, 716 N. Schroeder St

Remarks,

1896 00025 65

Wm. J. C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22nd 1896
4. *Place of Birth, (Street and Number)* 1613 N. Bond St
5. *Full Name of Mother,* Katie Henry
6. *Mother's Maiden Name,* Mueller
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Harry Henry
9. *Father's Occupation* Mfg. Fruit Preserves.
10. *Father's Birthplace,* Martinsburg W. Va.

Name of Medical Attendant, or other person who makes this Return, Francis A. Dance M.D.

Address, 439 N. Central Ave.

Remarks,

1896000256 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 22nd 1896
4. Place of Birth, (Street and Number) 614 N. Central Ave
5. Full Name of Mother, Kate Kisselbach
6. Mother's Maiden Name, Everwin
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Peter Kisselbach
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return) Francis A. Jones M.D.

Address, 439 N. Central Ave.

Remarks,

1896 0002567

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the attending Physician or Midwife, or in the case of a certificate between the first and third days of each and every month to the office of Physician or Midwife, or in the case of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, and in case the birth is attended without the attendance of a Physician or Midwife, the Householder or Nurse shall report the birth to the Commissioner of Health, in the manner and at the time required, and in case such person or persons shall neglect or refuse to comply with the provisions of this section required, such person or persons shall be liable for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 23rd, 1896
4. Place of Birth, (Street and Number) Maternite, 410 Hoffman St. West
5. Full Name of Mother, Mary Alice Barber
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, St. Mary's County, Md.
8. Full Name of Father, Joseph Shumbargarter
9. Father's Occupation Oyster-dredger
10. Father's Birthplace, St. Mary's County Md.

Name of Medical Attendant, or other person who makes this Return, Mc Magdalene Warner, M.D.

Address, 410 Hoffman Street

Remarks, L.O.R.

1896 00025 68

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24, 1896.
4. Place of Birth, (Street and Number) 2946 Cadeau ave.
5. Full Name of Mother, Sarah Elizabeth Lidinger.
6. Mother's Maiden Name, Brown.
7. Mother's Birthplace, W. Va.
8. Full Name of Father, Charles Edwin Lidinger.
9. Father's Occupation Plasterer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Nicholell M.D.

Address, 291 Chestnut ave.

Remarks,

18960002569

Wm. J. C. Dulany Co., City Printers and Stationers.

The undersigned is required by law to report in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex (~~state whether male or~~ female),
2. Race or Color (if not of the white race),
3. Date of Birth, May 24
4. Place of Birth (Street and Number), 2235 Linden Ave
5. Full Name of Mother, Violet Ring Hughes
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Alfred Hughes
9. Father's Occupation, Lawyer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Geo H. Eyth

Address, Linden Ave & Wilson Pl

Remarks,

B 9 6 0 0 0 2 5 7 0

The attendance of a physician or practitioner at midwifery, or should one be present in attendance upon any child shall occur without mother. Immediately thereafter it shall become the duty of the person or parents of such child, if in reach of a physician, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten(10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 74463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 24th 1896
4. Place of Birth, (Street and Number) No. 14 Carroll St
5. Full Name of Mother, Sophie Clark
6. Mother's Maiden Name, Sophie Rupkay
7. Mother's Birthplace, West Virginia
8. Full Name of Father, John Clark
9. Father's Occupation Painter
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960002571

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] Section 2. Be it enacted, That the attending physician or midwife, or in the absence of both, the father or mother of any child born alive in the city of Baltimore, shall within the period of ten days next after the birth of such child, cause the same to be registered in the office of the Commissioner of Health, and no other person shall be required to make such registration. Such registration shall be made by the filling of a certificate by the attending physician or midwife, or in the absence of both, by the father or mother of such child, which certificate shall be delivered, duly signed, at the office of the Commissioner of Health, at the time of the registration of the birth of any child as aforesaid. Such certificate shall contain the name, surname, sex, color, date and place of birth, and the name, surname, residence and occupation of its parents, the date and place of birth, and the name, surname, residence and occupation of the physician or midwife in the form of a certificate to be furnished by the Commissioner of Health. Should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child, in the manner and within the period above specified, to make the registration of such birth to the Commissioner of Health, and to comply with the provisions of this section. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 24th 1896
4. *Place of Birth, (Street and Number)*	626 N. Fremont ave
5. *Full Name of Mother,*	Lillie Eiser
6. *Mother's Maiden Name,*	Lillie Fait
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Henry Eiser
9. *Father's Occupation*	Carpet Dealer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Jas E. Gilfoud M.D.
Address,	1102 W. Lafayette ave
Remarks,	

6960002572

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1925

RETURN OF A BIRTH. 74465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then the duty of the person or parties of such child to report the same within the time and in the manner and with the information above required, and upon the blanks which the Commissioner of Health shall furnish for the purpose, shall devolve upon the person in charge of the house in which the birth occurs, or upon the parents of such child, if they reside in the house; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male — Edward John Hamilton
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 Nov 1896
4. Place of Birth, (Street and Number) 1[illegible] E Eutaw
5. Full Name of Mother, Sarah M. Hamilton
6. Mother's Maiden Name, M. M. Tyler
7. Mother's Birthplace, Maryland
8. Full Name of Father, Charles Hamilton
9. Father's Occupation Carpenter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr. C. Bowers

Address, [illegible]

Remarks, Dr. Miller

18960002573

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-9-57

RETURN OF A BIRTH. 74466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Salome Ritter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 24. (1. 35. A. M.) 1896
4. Place of Birth, (Street and Number) 115 E. Church Street.
5. Full Name of Mother, Louise Fiedeline Ritter
6. Mother's Maiden Name, Hoffman
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Harvey Lutzer Ritter
9. Father's Occupation Driver
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. H. Lewis / for Dr.

Address, Mothers Relief Society / 632 N. Fremont Ave.

Remarks,

1896 0002574

Wm. C. Dulany Co., City Printers and Stationers.

Every person (whether parent, guardian, householder, physician, midwife, or other person) having knowledge of any birth shall within ten days thereafter report to the Commissioner of Health the date and place of birth, and the name, sex, color, and residence of the child, and the name and occupation of its parents, the date and place of their marriage, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section. Any such person or persons shall forfeit for each offence, to be recovered as other fines and forfeitures are recoverable, and collected by like suit, a sum not less than five (5) dollars nor more than ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-5-56

RETURN OF A BIRTH. 74467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine Hartman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 24, 1896
4. Place of Birth, (Street and Number) 172½ Brunt & Str. Balto Md
5. Full Name of Mother, Christina Hartmann
6. Mother's Maiden Name, " Eber
7. Mother's Birthplace, Germany
8. Full Name of Father, John Hartmann
9. Father's Occupation Tobacconist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Nettie S. Bentley

Remarks, 791 Lemmon Ave Dr

1896000 2575

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Catholic

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore May 25th 96
4. Place of Birth, (Street and Number) # 1000 Hanover St. Baltimore Md.
5. Full Name of Mother, Ida Cohen
6. Mother's Maiden Name, Ida Kaelar
7. Mother's Birthplace, Russia
8. Full Name of Father, Mr. Moise Cohen
9. Father's Occupation Tiner
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Luna Bailey

Address, 416 York St. Baltimore City

Remarks,

8960002576

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth occurs without the attendance of a physician or practioner of midwifery, or the person or parents of such child cannot procure the certificate of such physician or practioner, it shall become and within the period above required, and it shall be the duty of the father, mother, householder, or other person present at the birth to report its birth to the Commissioner of Health, and to comply with the provisions of this section, which is applicable to such person or persons who shall be guilty of a misdemeanor, and shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Each schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of either of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Baltimore May 25/46
4. *Place of Birth, (Street and Number)*	1108 E. Lombard St. Balto.
5. *Full Name of Mother,*	Clara Miller
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Julius Miller
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	Mrs. Sara Kessler
Address,	416 E. York St. Balto Md
Remarks,	

8960002577

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-10-52

RETURN OF A BIRTH. 74470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Henry Carl Weber~~ 5.

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 May 1896
4. Place of Birth, (Street and Number) 1633 Hanover st
5. Full Name of Mother, Augusta L. Weber
6. Mother's Maiden Name, Augusta L. Eller
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Frank Weber
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Catherine Hirsch

Address, 800 Lombard st.

Remarks, 8960002578

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to a physician or midwife who shall become entitled to the same by delivering such certificate at the office of the Commissioner of Health, in case the latter person be in attendance upon its birth to be duly registered; and in case there be no physician or midwife in attendance upon its birth, the duty of the period above named shall be performed by the mother, nurse or person in charge of the child; and any person or persons who shall fail to comply with the provisions of this section are recoverable, jointly or severally as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 May 1896
4. Place of Birth, (Street and Number) 1353 Bucknell Ave
5. Full Name of Mother, Katie Bruckert
6. Mother's Maiden Name, Katie Ertel
7. Mother's Birthplace, Balt Md
8. Full Name of Father, [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, Dan [illegible]

1 8 9 6 0 0 0 2 5 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately after the birth of any child or children, it shall become and be the duty of the person or persons residing where such birth occurs without the attendance of a physician or midwife, to report the same within the period and in the manner above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. May 25" 1896

4. Place of Birth, (Street and Number) 867 Rinehart St

5. Full Name of Mother. Birdie Henixman

6. Mother's Maiden Name. Smith

7. Mother's Birthplace. Maryland

8. Full Name of Father. David Henixman

9. Father's Occupation. Machinist

10. Father's Birthplace. Maryland

Name of Medical Attendant, or other person who makes this Return. E. L. Jones M.D.

Address. 830 Columbia ave

Remarks.

1 8 9 6 0 0 0 2 5 8 0

...schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 May
4. Place of Birth, (Street and Number) 1145 Montford ave
5. Full Name of Mother, Ida Frager
6. Mother's Maiden Name, " Banks
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Daniel Frager
9. Father's Occupation Coal Dealer
10. Father's Birthplace, Phila. Pa.

Name of Medical Attendant, or other person who makes this Return, Mrs R Willis

Address, 1302 E Lexington

Remarks. 8960002581

Third day of each and every month of a physician or midwife, or the person or parents of such child, if such birth shall not have been certified and returned by the attendant immediately thereafter, in the manner and within the time prescribed by this ordinance upon the neglect or refusal of the Commissioner of Health to comply with the provisions of this section, he shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* May 25 1896
4. *Place of Birth, (Street and Number)* 1100 E. Pratt St
5. *Full Name of Mother,* Lena Peipert
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Jacob Peipert
9. *Father's Occupation,* Saloon keeper
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Lena Wagenheim

Address, 1100 E Pratt St

Remarks, 1896000 2582

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-9-96

RETURN OF A BIRTH 74475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minnie Margaret Chiveral

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25th 96
4. Place of Birth, (Street and Number) Potomack St. 805
5. Full Name of Mother, Hatty S. Chiveral
6. Mother's Maiden Name, Hatty S. Jenkins
7. Mother's Birthplace, Caroline county V. a.
8. Full Name of Father, James F. Chiveral
9. Father's Occupation, insurance collector
10. Father's Birthplace, Fredericksburg V. a.

Name of Medical Attendant, or other person who makes this Return. Mrs Louisa Chiveral

Address, 2438 Caston ave.

Remarks,

18960 02583

been conferred his sex, color, the name given to the child, if any, the time and place of birth, the name and residence of the parents, the name and residence of the physician or midwife in attendance at the birth, and such other information as may be required by said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein next provided, at the office of the Commissioner of Health, within ten days after the birth. And in the case of the absence of a physician or midwife, or should no other person be in attendance at the birth of any child born within the limits of the city of Baltimore, the father or mother of such child or either of them, or the owner or agent of the premises where such child is born, shall within ten days after the birth of such child, report in writing to the Commissioner of Health, in the manner and within the period above mentioned, the information required to be reported by the physician or midwife in attendance; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 74476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25 th 96
4. Place of Birth, (Street and Number) 2 32 roland ave
5. Full Name of Mother, Ada D Allison
6. Mother's Maiden Name, Peacock
7. Mother's Birthplace, york county pa
8. Full Name of Father, Linton Allison
9. Father's Occupation conductor on railroad
10. Father's Birthplace. york cannty pa

Name of Medical Attendant, or other person who makes this Return. Martha King

Address. 545 hibbard ave hampden city

Remarks.

6960002584

Wm. J. C. Dulany Co., City Printers and Stationers

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall happen upon the mother, immediately thereafter, it shall become the duty of the person in attendance upon the mother, immediately thereafter, to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 25 - 96
4. Place of Birth, (Street and Number) 701 N. Regester St
5. Full Name of Mother, Pauline C. Frey
6. Mother's Maiden Name, " " Eckert
7. Mother's Birthplace, Balto
8. Full Name of Father, Frederick L. Frey
9. Father's Occupation Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks, 1896 0025 85

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 25/96.
4. Place of Birth, (Street and Number) 15-66 Fremont St.
5. Full Name of Mother, Henrietta A. Barthelomay
6. Mother's Maiden Name, Schumacher
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm. P. Barthelomay
9. Father's Occupation Balto.
10. Father's Birthplace, Restaurant Proprietor

Name of Medical Attendant, or other person who makes this Return, J. H. Schumacher M. D.

Address, 1801 Madison Ave.

Remarks.

8960002586

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said scheduls shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of the person in attendance upon the mother immediately thereafter if such child shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25 May
4. *Place of Birth, (Street and Number)*	Westport Balto. Co
5. *Full Name of Mother,*	Christina Mühlbach
6. *Mother's Maiden Name,*	Christina Metzger
7. *Mother's Birthplace,*	Ellicott City,
8. *Full Name of Father,*	John L. Mühlbach
9. *Father's Occupation*	Glass Worker.
10. *Father's Birthplace,*	Balto. Co.
Name of Medical Attendant, or other person who makes this Return.	Dr Bouze
Address,	744 N Gross St
Remarks,	

8960002587

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Wht

3. Date of Birth, May 26/96

4. Place of Birth, (Street and Number) 2619 W. Franklin

5. Full Name of Mother, Mrs John Dietrich

6. Mother's Maiden Name, Regina Fuller

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Dietrich

9. Father's Occupation Engineer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, E. L. Emrick M.D.

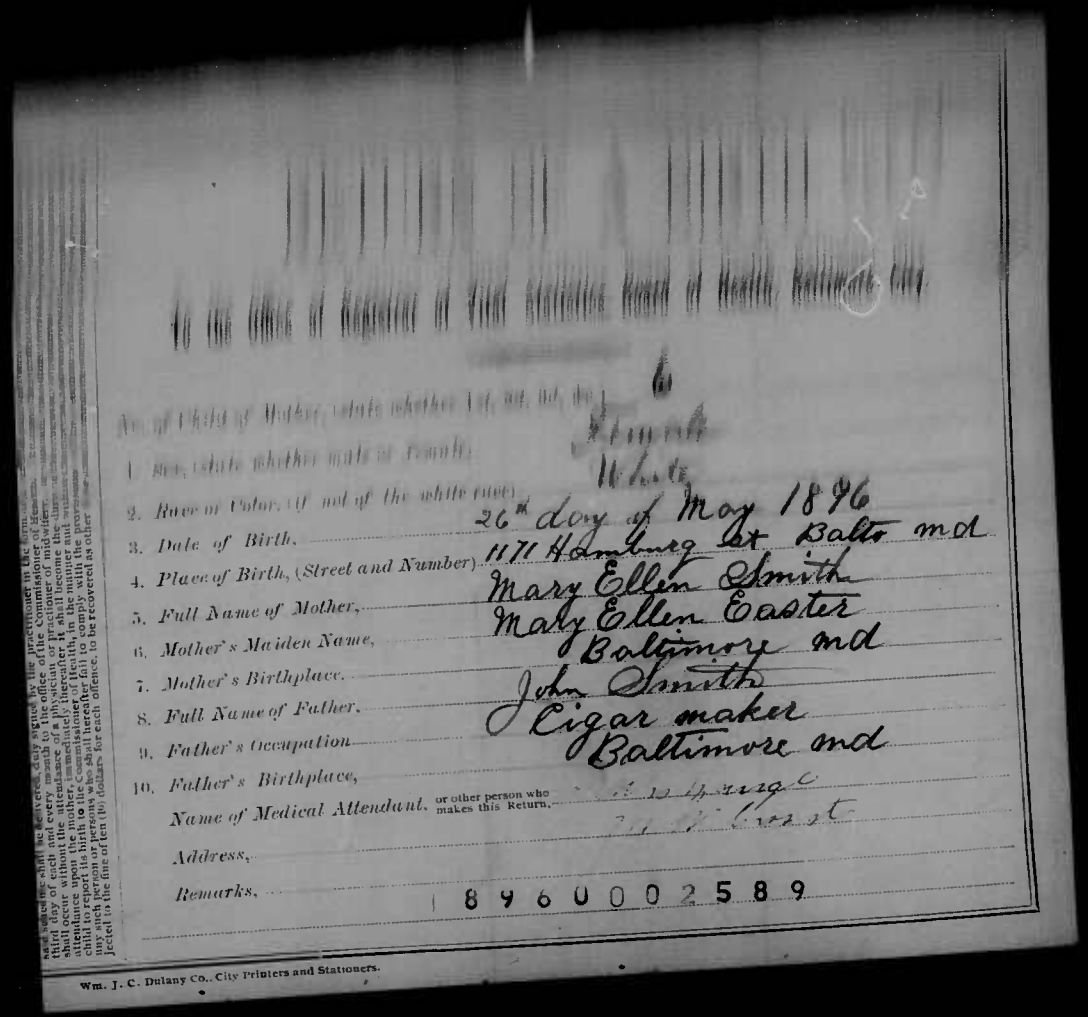
Address, 2505 Penna. Ave.

Remarks,

6960002588

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the number of children born to the mother, including the present birth, and whether the first and subsequent births were single or multiple. In case of the birth of any child without the attendance of a physician, midwife, or other person, the parent or parents, and in case of the absence or inability of the parent or parents, the occupier of the house in which such birth shall occur, shall be required to report the same to the Commissioner of Health within the period above prescribed, and in the manner and upon the forms required by the Commissioner of Health, and to comply with the requirements of this section, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.



6

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 26th day of May 1896
4. Place of Birth, (Street and Number) 1171 Hamburg St Balto md
5. Full Name of Mother, Mary Ellen Smith
6. Mother's Maiden Name, Maly Ellen Easter
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, John Smith
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1896000 2589

Wm. J. C. Dulany Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City:

Charlotte Fritz — Second

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) — Female
2. Race or Color, (if not of the white race) — White
3. Date of Birth, — May 26 1896
4. Place of Birth, (Street and Number) — 1020 Hanover
5. Full Name of Mother, — Mrs Annie Fritz
6. Mother's Maiden Name, — " Amrack
7. Mother's Birthplace, — Balto City
8. Full Name of Father, — Frank Fritz
9. Father's Occupation, — Laborer
10. Father's Birthplace, — Balto City

Name of Medical Attendant, or other person who makes this Return — J H Grabhorn M.D.

Address. — 1303 Light St.

Remarks. — 8960002590

said sched ule shall be delivered, duly signed by the practitioner in the form of a certificate
the fee of eight and every month to the office of the Registrar of Vital Statistics, Board of Health. In case
shall occur without the attendance of a physician hereafter it shall become the duty of the person
attendance upon the mother, Commissioner of Health, in the manner with the provisions of this
Child to report the facts required to be registered by this section within five days after the birth,
any such person who shall hereafter fail to comply with the provisions of this section shall be
liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM KODAK

CERTIFICATE OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 26 – 1896
4. Place of Birth (Street and Number),	2828 Monte Bello Ave
5. Full Name of Mother,	Louise M. Willis
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	Kirby D. Willis
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Edwin R. Ballard M.D.
Address,	
Remarks,	

8960002591

...ltim ... Publishing Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 Nov 1912
4. Place of Birth, (Street and Number) 1742 Eighth St
5. Full Name of Mother, Minnie Strother
6. Mother's Maiden Name, Schwanke
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Strother
9. Father's Occupation Color
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E L Brookes

Address, 808 Eighth St

Remarks, 5 Months

8760002592

Wm. J. C. Dulany Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 26-96
4. Place of Birth, (Street and Number) 130 Old York road Waverly Annex
5. Full Name of Mother, Rose K. Coonan
6. Mother's Maiden Name, " Kimberleen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward G. Coonan
9. Father's Occupation Car conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Ramsen M.D

Address, 811 Jefferson Ave Waverly

Remarks, Baltimore

1 8960002593

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of each and every month to the office of the Commissioner of Health. In case the birth shall occur without the limits of a city, town or village, or in any other place where there is no attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health. In case the birth shall occur without the limits of a city, town or village, or in any other place where there is no attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such premises, or the nearest householder or resident, to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 May
4. Place of Birth, (Street and Number) 312 N. Edon St
5. Full Name of Mother, Mollie King
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Wade King
9. Father's Occupation Can Maker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs R Ellbrig

Address, 1302 E Lexington St

Remarks, 1896 0002594

said schedule shall be delivered, daily signed by the practitioner, midwife or other person in charge, to the office of the Commissioner of Health. In case the other person be in charge of such case, the attendance of a physician or midwife it shall become due within the period above required, a similar report in writing of the birth to the Commissioner of Health, in the manner and with the provisions of this section are recoverable. shall occur upon the mother, immediately after the occurrence of the birth, and every such physician, midwife or other person in charge who shall fail to report his birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 May
4. Place of Birth, (Street and Number) 1526 Orleans St
5. Full Name of Mother, Mamie Fitch
6. Mother's Maiden Name, " Roth
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, James Fitch
9. Father's Occupation Plumber
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulrig

Address, 1302 E Lexington St

1 8 9 6 0 0 0 2 5 9 5

Remarks,

RETURN OF A BIRTH. 7411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 May
4. Place of Birth, (Street and Number) 209 N. Gay St
5. Full Name of Mother, Dora Young
6. Mother's Maiden Name, Hendricks
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Edward Young
9. Father's Occupation Barber
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R Illig

Address, 1302 E Lexington St

Remarks, 8960002596

Every birth is to be entered only upon the presentation to the Registrar of a certificate signed by the practitioner in the form of this certificate between the first and third days of each and every month upon the forms furnished by the Commissioner of Health, at the office of the Commissioner, 211 E. Lexington street. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother who shall become qualified to make the return required, and shall refuse to do so, then it shall be the duty of the person having the control of the premises where such birth occurs, or in which the mother resides, to make the return required, and in the manner and within the time specified in this section shall be subject to the penalties provided for the neglect or refusal to comply with the requirements of this section. Such child to report or persons who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable by law.

RETURN OF A BIRTH 74417

CERTIFICATE CORRECTED 1-5-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Valentine ~~George~~ Schmidt

No. of Child of Mother, (State whether 1st, 2d, 3d, &c.)	9
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	may the 26-18-96
4. Place of Birth, (Street and Number)	Eagle St # 2002
5. Full Name of Mother,	mary (~~Smith~~) Schmidt
6. Mother's Maiden Name,	mary Spindler
7. Mother's Birthplace,	germany
8. Full Name of Father,	John (~~Smith~~) Schmidt
9. Father's Occupation	time keeper
10. Father's Birthplace,	germany
Name of Medical Attendant, or other person who makes this Return,	Mr. D Kelley
Address,	# 19-22 Milton Ave
Remarks,	89-0002597

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 7449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 26 1896
4. Place of Birth, (Street and Number) 1407 Block St.
5. Full Name of Mother, Augusta Stark
6. Mother's Maiden Name, Pieper
7. Mother's Birthplace, Germany
8. Full Name of Father, Emil Stark
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who made this Return, Harry Stein.

Address, 1427 E. Pratt St.

Remarks, 1896 U 0025 98

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minnie Frank

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 May 1896
4. Place of Birth, (Street and Number) 908 Old Dallas St
5. Full Name of Mother, Rachel Frank
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Russia
8. Full Name of Father, Harry Frank
9. Father's Occupation Clerk
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R Ellis'g

Address, 1802 E Lexington St

Remarks, 8960002599

Every midwife shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no certificate be delivered by such attendant upon the mother, immediately thereafter, it shall become the duty of the father of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 26
4. Place of Birth, (Street and Number) 659 Light St.
5. Full Name of Mother, Paulina Levy
6. Mother's Maiden Name, Paulina Pfefferkorn
7. Mother's Birthplace, Austria
8. Full Name of Father, Morris Levy
9. Father's Occupation, Grocery & provision store
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Katie Minnich

Address, 800 Leadenhall St

Remarks,

+ 8 9 6 0 0 0 2 6 0 0

and each child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or persons in attendance upon the mother, immediately after the birth, in the manner and within the period above required, shall report the birth to the Commissioner of Health, in the manner and within the period above required. Every such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A B[IRTH] 74493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 26th, 1896

4. Place of Birth, (Street and Number) Matenite, 410 Hoffman Street, West

5. Full Name of Mother, Emily Gertrude Fuller

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, Washington, D. C.

8. Full Name of Father, Thomas Mitchell Rogers

9. Father's Occupation Private Secretary

10. Father's Birthplace, Boston, Massachusetts

Name of Medical Attendant, or other person who makes this Return. M. Magdalene Warner, M.D.

Address, 410 Hoffman Street,

Remarks, R. O. A.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents ... child to report its birth to the Commissioner of Health, in the manner and within the period above required ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

8960002601

Wm. J. C. Dulany Co., City Printers and Stationers.

74. 494

74494

6

Sex Female Mo & Children
Color White
Date May 26th 1896

Place of Birth Hartsmere Md
Name of Mother Ella Bach
Mothers Maiden name Ella O'neill
Mother's Place Howard County
Name of Father Edward H Bache
Father Occupation Laborer
Father's Birthplace Baltimore City

1896 U 0 0 2 6 0 2

Medical attendant

Mrs Thorn
1310 West Pratt St

RETURN OF A BIRTH 7440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female).* female
2. *Race or Color, (if not of the white race)* colored race
3. *Date of Birth,* 4 7 18 96 4 month old
4. *Place of Birth, (Street and Number)* 1 4 Vincent ave
5. *Full Name of Mother,* Minnie Foster
6. *Mother's Maiden Name,* Minnie Foster
7. *Mother's Birthplace,* Calvert County
8. *Full Name of Father,* John Worster
9. *Father's Occupation,* Coal driver
10. *Father's Birthplace,* Calvert County

Name of Medical Attendant, or other person who makes this Return, Mrs Cordelia Parker

Address, 1610 Vincent ave

Remarks, Baltimore Md

1896000026 03

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 24476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 27th 1896
4. Place of Birth, (Street and Number) 402 E. Preston St.
5. Full Name of Mother, Mary Margaret Heathfield
6. Mother's Maiden Name, " " Horwood
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Lloyd Heathfield
9. Father's Occupation, Brakeman
10. Father's Birthplace, Sykesville Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return. Mary Tibbs

Address, 719 Busan St

Remarks, None.

8960002604

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or person authorized by law to act as such, the parent or other person in attendance upon the mother immediately thereafter it shall become the duty of the person or persons having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person shall be subject to the penalties provided by law for neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 74491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 27 1896
4. Place of Birth, (Street and Number) Fulmore st Homestead
5. Full Name of Mother, Sarah Blakeley
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Va
8. Full Name of Father, Wilbur Blakeley
9. Father's Occupation, Labr
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Young Whitcomb M D

Address, 237 Gorsuch ave

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Any physician or midwife who shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1696002605

Orig

RETURN OF A BIRTH. 74498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Clarence S. Rice

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, May 6th 96
4. Place of Birth, (Street and Number) 938 N. Washington
5. Full Name of Mother, Frederika Rice
6. Mother's Maiden Name, Grund
7. Mother's Birthplace, Va
8. Full Name of Father, Charles L. Rice
9. Father's Occupation Blacksmith
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Mrs Mary L. Allwell

Address, 1438 N. Bond St

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife or practitioner of midwifery, or should no other person be in said schedule specified, then the mother of such child shall become the duty of the person or parties, and also the person in the house in which the birth occurs, to report the same with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

67 0 0 0 0 2 6 0 6

RETURN OF A BIRTH. 74499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, May 27 96

4. Place of Birth, (Street and Number) 1324 Division St

5. Full Name of Mother, Alice Lee Smith

6. Mother's Maiden Name, "

7. Mother's Birthplace, Virginia

8. Full Name of Father, Thomas H. Lee

9. Father's Occupation, Waiter

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Winters

Address, 6 N. Bond

Remarks,

8960002607

said actionable shall be delivered. Duly signed by the practitioner in the form of a certificate, as herein set forth, said certificate shall be delivered every month to the office of the Commissioner of Health, or should no other person be in charge within ten days after the birth of any child born without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and attendance upon the mother, immediately after the birth of such child, it shall become the duty of such midwife to report such birth to the Commissioner of Health, in the manner and within the period above specified, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 children

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White race
3. Date of Birth, 1st May 27, 1896.
4. Place of Birth, (Street and Number) 1107 E. Pratt St.
5. Full Name of Mother, Sarah Finestein
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, G. W. Finestein
9. Father's Occupation, Barber Shop
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Lena Wagenheim

Address, 1107 E. Pratt St.

Remarks,

1896000 2608

Wm J. C. Dulany Co., City Printers and Stationers.

Every physician, midwife, or other person who shall hereafter attend upon any birth, shall, within ten days after such birth, report to the Registrar of Vital Statistics, in the office of the Board of Health, the full name, the residence, and the occupation of the parents, the date and the place of birth, and the sex, color, and full name, if any, of the child, in the form of a certificate between the first and fifteenth days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report such birth as herein required within the time specified, it shall be the duty of the father or mother of such child, or in the absence of the parents, of the householder in which such birth occurred, to report the same to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of not less than five dollars nor more than ten dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Kylie Minnick

Address, 800 Leadenhall St

Remarks,

18960 02609

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred by sex, color, or [illegible] the occupation of the mother, or the number of children previously born to her, and the certificate shall be delivered, duly signed by the practitioner in charge of the case, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required by this section to make the return, it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 27 May 1896
4. Place of Birth, (Street and Number) 610 E Ford ave
5. Full Name of Mother, Isabella Lazier
6. Mother's Maiden Name, Berry
7. Mother's Birthplace, Balto
8. Full Name of Father, Samuel Lazier
9. Father's Occupation Engineer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. E. Lewis

Address, 1822 Eden st

Remarks, Dies [illegible] C

8960002610

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Practicioner of midwifery, or should no other person be in charge who shall be entitled to make the return, it shall become the duty of the parent or parents of such child to cause the birth to be certified to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 27th 1896.
4. *Place of Birth, (Street and Number)* #230 N. Caustan Ave. Balto
5. *Full Name of Mother,* Annie Gifpert.
6. *Mother's Maiden Name,* Annie Rayner.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Gifpert.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, #611 S. Patterson Pk Ave.

Remarks,

8960002611

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when no such practitioner is in attendance, the said schedule shall be delivered, as aforesaid, by the next attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such say such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 74504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Mar 27/90
4. *Place of Birth, (Street and Number)*	23' Stone Hill
5. *Full Name of Mother,*	Sarah C Johnson
6. *Mother's Maiden Name.*	" " Benson
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Julius Johnson
9. *Father's Occupation,*	Wiik-hand
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return.	Wm A Fiddiman
Address,	132 Chestnut Ave
Remarks,	

18960002612

Each Certificate of a Birth, required daily to be signed by the practitioner in the form of a certificate between the first and fifth days of each month, and every birth occurring after the fifth day of any month shall be returned on the first day of the next month following. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person or parents of such child to report its birth to be Consumptive, Scrofulous, or Tuberculous, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, it shall be the duty of the person who shall have been in charge of the case, to report the birth of such child, and the name, age, color and residence of the parents, and the cause of death, if dead, to the Registrar of Vital Statistics, and any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLETY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 27th 1875

4. Place of Birth, (Street and Number) 192 Carey St.

5. Full Name of Mother, Mary E Anderson

6. Mother's Maiden Name, McClean

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John A D Anderson

9. Father's Occupation Clerk

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Emma Hunt

Address, [illegible]

Remarks,

8960002613

Wm. J. C. Dulany Co., City Printers and Stationers.

And a schedule shall be gathered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents shall forfeit a sum not less than five dollars nor more than fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 27th 1896
4. Place of Birth, (Street and Number) 503 N. Washington St
5. Full Name of Mother, Annie Groenger
6. Mother's Maiden Name, Trautmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis E. Groenger
9. Father's Occupation, Clothing Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs H. Brown, Midwife

Address. 1922 E Fayette Street

Remarks.

L 8 9 6 0 0 0 2 6 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered. Only signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth occurs in any other house than the mother's, the person in attendance upon the mother, immediately after the birth, shall report the same with the particulars required, and in default thereof, if such person shall become the only attendant within the period above required, and shall neglect to report the birth as aforesaid, he shall be subject to the penalties provided in this section. Any such person who shall hereafter fail to report as herein required, as well as any midwife or other person who shall hereafter fail to deliver to the parent or parents of such child to report its birth as herein required, shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable. Jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, Nov 28th 1896
4. Place of Birth, (Street and Number) 119 David Ave
5. Full Name of Mother, Ella V Thuman
6. Mother's Maiden Name, " " Lewis
7. Mother's Birthplace, Ball
8. Full Nome of Father, Paul Thuman
9. Father's Occupation, Mill-hand
10. Father's Birthplace, Va
    Name of Medical Attendant, or other person who makes this Return. Wm. F. Seuman
    Address, 102 Chestnut Ave
    Remarks,

1896 0 0 0 2615

...ct to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

...child to report its birth to the Commissioner of Health. In case the birth of any child ...and every month to the officer or practitioner of midwifery of the person or persons required, and ...without the attendance of such officer or practitioner, it shall be the duty of the person or persons present at ...attendance upon the mother, Commissioner of Health, to comply with the provisions of this section shall be sub-

...set forth the name of the Commissioner of Health. In case the birth of any child ...third day of each and every month to the officer or practitioner of midwifery of the person or persons required, and ...and over without the attendance of such officer or practitioner, it shall be the duty of the person or persons present at ...attendance upon the mother, Commissioner of Health, to comply with the provisions of this section shall be sub-

...child to report its birth to the Commissioner of Health. In case the birth of any child ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

[286.]

RETURN OF A BIRTH. 74508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2/c 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 22 Date of May 1921
4. Place of Birth, (Street and Number) Bogard Street
5. Full Name of Mother, Ema Bates
6. Mother's Maiden Name, Ema Butler Bogard Street
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Elijah Bates
9. Father's Occupation Laborer
10. Father's Birthplace, Warden Town

Name of Medical Attendant, or other person who makes this Return, Isabella Matthews

Address, 624 Stockholm Street

Remarks,

5960502616

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 74309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 25 1896

4. Place of Birth, (Street and Number) 1451 Lexington st.

5. Full Name of Mother, Theresa Neal

6. Mother's Maiden Name, Demuth

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Neal

9. Father's Occupation Workman

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Caesar J. Schwartz

Address, 434 E. Fort Ave

Remarks,

1 8 9 6 0 0 0 2 6 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Note.—The birth is not to be the same can be ascertained the full name of such child is not given, the name conferred) its sex, color, the full name and occupation of its parents, and the place of birth, and the said schedule shall be delivered, duly signed by the physician or midwife, or other person making the return, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person make such return, then it shall be the duty of the mother, immediately thereafter, to make out and deliver such schedule as aforesaid. If such birth shall occur within the period above required, and the mother shall be unable to make such return, it shall be the duty of the father of such child to report its birth to the Commissioner of Health within the time above specified. Any physician or midwife who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-12-52

RETURN OF A BIRTH. 74510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Barbara Schaub

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 26, 1896
4. Place of Birth, (Street and Number) 25 Davison Lane
5. Full Name of Mother, Burford Schaub
6. Mother's Maiden Name, Barbara Gittler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob Schaub
9. Father's Occupation Mechanic
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Mary I Person

Address, 2847 Lakeside Ave

Remarks,

and notice shall be delivered, duly signed by the Physician in charge of the case, or by the person having charge of the child if no Physician be present, at the office of the Registrar of Vital Statistics, within ten days after the birth of every child shall occur without the attendance of a Physician or a person authorized to act as midwifery, or should no other person be in charge of the child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to so report shall be guilty of a misdemeanor, and shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960002618

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 26, 1896
4. Place of Birth, (Street and Number)	1st Emerald Walbrook
5. Full Name of Mother,	Kate Gorsuch Randall
6. Mother's Maiden Name,	Kate G Arnold
7. Mother's Birthplace,	Howard Co
8. Full Name of Father,	Beasley Oak Randall
9. Father's Occupation	Gardner
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mary I Peregoy
Address,	2847 Lanvale St
Remarks,	

1896 U 002619

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Physician or Midwife in attendance upon the mother, immediately after the birth of any child, and every householder in whose house any child shall be born without the attendance of a physician or midwife, and every person who shall be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and every undertaker or other person who shall bury any dead body, before the birth of the child to report its birth (if living) in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 28th 1896
4. Place of Birth, (Street and Number) 120 E Hamburg St
5. Full Name of Mother, Sadie Johnson
6. Mother's Maiden Name, Sadie Callier
7. Mother's Birthplace, Maryland
8. Full Name of Father, Charles J. Johnson
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Hlerbert Pallack M.D.

Address, 1112 Eutaw St City

Remarks,

1896 U 002620

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 74513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 28th 1896
4. Place of Birth, (Street and Number) 10 Madison st
5. Full Name of Mother, Mary [illegible]ch
6. Mother's Maiden Name, Mary Gillian
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Lynch
9. Father's Occupation Brass Finisher
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Margaret Hunkel

Address,

Remarks,

1-8946-0082621

Wm. J. C. Dulany Co., City Printers and Stationers.

...ertificate of birth of any child ...ch schedule shall be delivered. Any signal by the practitioner in the birth of a ... to the office of the Commissioner of Health, or should no other person be in ... third day of each and every month, a certificate of such birth, and it shall be the duty of the person or persons required, and ... shall occur without the aid of a physician or practitioner, to cause the duty of the parent or parents, and ... attendance upon the birth to the Commissioner fail to comply with the provisions of this section shall be sub... ...ch person or persons who shall neglect or refuse to comply with the provisions of this section shall be sub... ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 28th 1896

4. Place of Birth, (Street and Number) 1509 Foster al

5. Full Name of Mother, Amanda Batty Lewis

6. Mother's Maiden Name,

7. Mother's Birthplace, Martinsburg W. Va.

8. Full Name of Father, Joseph Batty

9. Father's Occupation Labourer

10. Father's Birthplace, Baltimore do Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Hawkins

Address, Green & Mulberry sts

Remarks,

+ 8960002622

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 74515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 Mar 1916
4. Place of Birth, (Street and Number) 2017 Hanover
5. Full Name of Mother, Frances [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Balto
8. Full Name of Father, [illegible]
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. E. C. [illegible]

Address, [illegible]

Remarks, Living Well

8960002623

Wm. J. C. Dulany Co., City Printers and Stationers.

said school shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth, such practitioner shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars, and costs of prosecution, and shall be subject to the five or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, 5/28/96

4. Place of Birth, (Street and Number) No. 1925 Monument

5. Full Name of Mother, Katie Wieneke

6. Mother's Maiden Name, Hagen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Wieneke

9. Father's Occupation Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. L. Evans.

Address, No. 1907 E. Monument St.

Remarks,

1 8 9 6 0 0 0 2 6 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, and in default of such delivery, or if there be no such practitioner in attendance at the birth of any child as aforesaid, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and said schedule shall be delivered, duly signed by such person, to the office of the Commissioner of Health; and any person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[8]

RETURN OF A BIRTH. 74517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 28 1896
4. Place of Birth, (Street and Number)	Maternity 115 W. Lombard St.
5. Full Name of Mother,	Mrs. H. E. Jones
6. Mother's Maiden Name,	Mina Passage
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	H. E. Jones
9. Father's Occupation	Driver
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M.D.
Address,	115 W. Lombard St
Remarks,	

1896000002625

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practitioner, or the delivery of the person or parents of such child to report its birth to the Commissioner hereafter fail to comply with the provisions of this section, such person or persons shall be liable to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6]

RETURN OF A BIRTH. 74518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health, in case no birth of any child shall occur within the attendance of a physician or practitioner the duty of the person or parents of such child to report the birth to the Commissioner of Health, and within the period above named, and attendance upon the mother, immediately after the birth, in the manner and within the period above named any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth, 5/29/96

4. Place of Birth, (Street and Number) No. 100 Mattison ave

5. Full Name of Mother, Katie Ray

6. Mother's Maiden Name, Wahl

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Albert Ray

9. Father's Occupation Brass Moulder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, No. 1907 E. Monument St

Remarks,

8960002626

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 29th 96
4. Place of Birth, (Street and Number) 511 Norris Alley
5. Full Name of Mother, Mary Green
6. Mother's Maiden Name, Mary Allen
7. Mother's Birthplace, Bethlehem Caroline Co. Md.
8. Full Name of Father, James Green
9. Father's Occupation, Labor in Market
10. Father's Birthplace, Eastern Shore Virginia Accomac Co.

Name of Medical Attendant, or other person who makes this Return, Dr. R. Ben Hawkins

Address, 1044 Pennsylvania Ave & Carrie Reid 417 Ramsh St Baltimore Md

Remarks,

B 7 6 U 0 0 2 6 2 7

said schedule shall be delivered, duly signed by the physician in charge, to the parent, guardian or other person having the custody of any child within thirty days after the birth of such child. In case the birth of any child shall occur without the attendance of a physician, then the parent or parents of such child, or other person having the custody thereof, shall become the duty of the person or parents of such attendance upon birth, to the Commissioner of Health. In the manner and within the period above specified, and shall report the same to the Commissioner of Health. In the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 29th 1896
4. *Place of Birth, (Street and Number)*	304 S Parrish St
5. *Full Name of Mother,*	Clara J Caulk.
6. *Mother's Maiden Name,*	Hopkins
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	James H Caulk.
9. *Father's Occupation*	Upholsterer
10. *Father's Birthplace,*	Louisville Kentucky
Name of Medical Attendant, or other person who makes this Return,	J. Ridgway Andre M.D.
Address,	1123 E. Baltimore st
Remarks,	

8960002628

been registered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the, the Commissioners of Health. In case the birth of such child shall occur without the attendance of a physician or practicner of midwifery, of the person or parents of such child to report such birth to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to a physician or practicner of midwifery, of the person or parents of such child to report such birth to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to a physician or practicner of midwifery, of the person or parents of such shall occur without the attendance of a physician or practicner of midwifery, of the person or parents of such attendance upon such birth to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the Commissioner of Health to comply with the provisions of this section shall be liable to a penalty of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 29th 1896
4. *Place of Birth, (Street and Number)* 1022 E. Hill ave.
5. *Full Name of Mother,* Mary H. Bayer
6. *Mother's Maiden Name,* Mary Haberlander
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Leonard J. Bayer
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other person who makes this Return, D. J. Reinhart M.D.

Address, 1218 Madison Ave.

Remarks,

67 0 0 0 0 1 6 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Physicians, midwives and others in attendance upon births are required to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth has occurred, stating the full name and residence of the parents, the sex, color, the full name and occupation of the father, and the date and place of birth, and the name (if any has been conferred) of the child, in the form of a certificate between the first and second sheets of this return. Blank forms for such certificates will be furnished on application at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the householder or owner of the premises where the birth occurred, and of the parents of such child, if able, within the period above required, and any such person or persons willfully neglecting or failing to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 745-22

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24th
4. Place of Birth, (Street and Number) 2244 E. Biddle Street
5. Full Name of Mother, Kate Rotter Leiser
6. Mother's Maiden Name, Leiser
7. Mother's Birthplace, George Rotter Leiser Jr. Baltimore Md.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Ling

Address,

Remarks,

8 9 6 0 0 0 2 6 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth all the name can be ascertained the full name of each child, if any shall have been omitted, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. And no other person be in attendance upon the lying-in woman, or midwifery, or should no other person be in attendance upon the lying-in woman, or midwifery, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above stated. And if any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* feamel
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 19 Fonetta st
4. *Place of Birth, (Street and Number)* May 29 1896
5. *Full Name of Mother,* Bessie E mules
6. *Mother's Maiden Name,* Lewis
7. *Mother's Birthplace,* Baltimore Co
8. *Full Name of Father,* John E mules
9. *Father's Occupation* florist
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who sends this Return,

Address. 575 Fichberg ave Baltimore city

Remarks,

1 8 9 6 0 0 0 2 6 3 1

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been delivered, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no birth of any child shall occur within the aforesaid time, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 29th 1896
4. Place of Birth, (Street and Number) No 505 Oxford St
5. Full Name of Mother, Louisa Bailey Williams
6. Mother's Maiden Name,
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Parker Bailey
9. Father's Occupation Waiter
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 1024 Park ave

Remarks,

8466002632

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in charge of the case, to the Registrar of Vital Statistics, in case the birth of any child shall occur within the time limited for the delivery of the certificate of birth, and every month thereafter, so long as any child shall remain under the age of one year, in which a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required of such Practitioner; and the Commissioner of Health is hereby authorized and required to enforce the provisions of this section, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-26-37 74525

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Arthur Columbus Bromwell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 29th 1896
4. Place of Birth, (Street and Number) 1227 Light St.
5. Full Name of Mother, Carrie Bromwell
6. Mother's Maiden Name, " Mitchell
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Columbus Bromwell
9. Father's Occupation, Pattern Maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. H. J. Carrick, M. D.

Address, 1204 Madison Ave

Remarks, Formerly 1316 Myrtle Ave.

B 96 U 002633

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive) the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to such parents, including the child reported, and the number of such children living at the time of such report. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents, or other person in charge of such child, shall immediately thereafter, it shall become the duty of the person or persons, or such other person in the house where such child was born, to report the birth to the Commissioner of Health, in the manner and within the time prescribed in this section. In the event of the failure of any person or persons who shall hereafter fail to report the birth of any such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 4th 1896
4. Place of Birth, (Street and Number) 1923 Bruntz
5. Full Name of Mother, Fannie Harried
6. Mother's Maiden Name, " Jones
7. Mother's Birthplace, Caroline Co. Md
8. Full Name of Father, Danzie Harried
9. Father's Occupation Hodcarrier
10. Father's Birthplace, West River

Name of Medical Attendant, or other person who makes this Return, Sarah E Dyer

Address, 1716 N Calhoun St

Remarks,

+ 8960002634

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 25th 1896
4. *Place of Birth, (Street and Number)* 1002 Baltimore & ca Hastings
5. *Full Name of Mother,* Maggie A Hastroget
6. *Mother's Maiden Name,* Mell Hausen
7. *Mother's Birthplace,* Libra Ohio
8. *Full Name of Father,* Rudolf Hastroget
9. *Father's Occupation* Brewer Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Emma

Address, 600 N Exeter St

Remarks.

8760002635

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person in charge of any case of birth occurring after the passage of this Act shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, with or without request, by the practitioner in the form of a certificate between the first and the last day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should any other person in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Board, shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, may the 30 1896
4. Place of Birth, (Street and Number) farm hill avenue 1
5. Full Name of Mother, mary A Bowen
6. Mother's Maiden Name, mary A Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, george W Bowen
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Lilly

Address, No 1922 Wilkins Av

Remarks,

...name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person attend upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960002636

RETURN OF A BIRTH. 74539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 25 1910
4. Place of Birth, (Street and Number) 324 N Pine [illegible]
5. Full Name of Mother, Minnie Banks
6. Mother's Maiden Name, Howard
7. Mother's Birthplace, Balto
8. Full Name of Father, Walter Banks
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, [illegible] McGruder

Address, 12 [illegible]

Remarks,

B 4 6 0 3 0 2 6 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

(Section 3. The same duty as to the reporting of the birth of each child, and the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said physician or midwife shall also report to the Commissioner of Health the name of any child born without attendance of a physician or midwife, and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. Any such physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SAFETY

GIVEN NAME ADDED 3-27-57

RETURN OF A BIRTH. 74530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ethel May ~~Bredekamp~~ 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 Nov 1896
4. Place of Birth, (Street and Number) 19 W Baltimore
5. Full Name of Mother, Lizzie Bredekamp
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Balto
8. Full Name of Father, Edward Bredekamp
9. Father's Occupation Tailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm E A Bruhn

Address, 1120 E [illegible]

Remarks, Home Mat

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Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 June 1896
4. *Place of Birth, (Street and Number)* 247 E Hamburg St
5. *Full Name of Mother,* Mary Cornwell
6. *Mother's Maiden Name,* Larkins
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John J. Cornwell
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E. A. Brooks

Address, 808 Leigh [illegible]

Remarks. [illegible]

1896 000 2639

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 24th May 96
4. Place of Birth, (Street and Number) 1550 Boyle St
5. Full Name of Mother, Kate Lancaster Funk
6. Mother's Maiden Name, Balto
7. Mother's Birthplace, Jas Lancaster
8. Full Name of Father, Laborer
9. Father's Occupation Balto
10. Father's Birthplace, E. Yewell
    Name of Medical Attendant, or other person who makes this Return,
    Address, 436 E Fort Ave
    Remarks,

1896000026400

Wm. J. C. Dulany Co., City Printers and Stationers.

...ness conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said physician shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or such person as he may direct to receive the same. In case the birth of any child shall occur without the attendance of a physician or midwife, the person in charge of such child or in whose house or premises such birth shall occur, or the parent of such child, in the manner and within the time above required, and shall fail to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

74533

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 30. 1896
4. Place of Birth. (Street and Number) 1500. marshal. avenue
5. Full Name of Mother, Katey Sadler
6. Mother's Maiden Name, Katey. auer
7. Mother's Birthplace, Baltimore. md
8. Full Name of Father, Edward. Sadler
9. Father's Occupation, Brick layer
10. Father's Birthplace, Baltimore. md

Name of Medical Attendant, or other person who makes this Return, Ellennora. a. anderson

Address, 1434 Patapsco. St

Remarks,

1 8 9 6 0 0 0 0 2 6 4 1

... color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

16.]

RETURN OF A BIRTH. 74534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 30th 1896

4. Place of Birth, (Street and Number) 1445 N Fulton Ave

5. Full Name of Mother, Rose Welch

6. Mother's Maiden Name, " Brown

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Harry C Welch

9. Father's Occupation Painter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Sarah E. Dee

Address, 1716 N Calhoun St

Remarks,

1896 00 02642

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child shall occur without the aid of a physician or practioner of midwifery, or the person or parents of such child fail to give the information required, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health within the period above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 7th 1896
4. Place of Birth, (Street and Number) Hungerford 129
5. Full Name of Mother, Sarah Banks
6. Mother's Maiden Name, Sarah Jones
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Banks
9. Father's Occupation laborer
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, Sarah Jane Thomas

Address, 124 West Hurley st

Remarks, full 9 months

Wm. J. C. Dulany Co., City Printers and Stationers.

1896 0002643

Every child born alive within the City of Baltimore shall have a certificate of birth made out, and the full name and occupation of the parents, the date and place of birth of the child shall be entered therein, as far as can be ascertained, in the form of a certificate to be furnished by the Commissioner of Health, and shall be delivered, duly signed by the attendant at the birth, or other person having knowledge of the facts, to the Commissioner of Health, or should no other person be in attendance upon the mother at the birth of such child, then the physician or practitioner of the person or persons charged with the duty of the person or persons charged with the duty of the return of such birth shall make out and deliver such certificate in the manner and within the time prescribed by this section. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

74 536

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 30 May 1896
4. Place of Birth, (Street and Number) 1421 Andree st.
5. Full Name of Mother, Kath. Leineweber
6. Mother's Maiden Name, " Margarethe
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Leineweber
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Rudf. Mohr

Address, 1331 Hull st. Locust Point.

Remarks,

1896002644

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 30 — 1896
4. Place of Birth, (Street and Number) 201 S. Dallas St.
5. Full Name of Mother, Amalie Pettner
6. Mother's Maiden Name, Kacke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Pettner
9. Father's Occupation Laborer
10. Father's Birthplace, Stone Co.

Name of Medical Attendant, or other person who signs this Return Mary Shinn

Address, 1427 E. Pratt St.

Remarks.

1896002645

Wm. J. C. Dulany Co., City Printers and Stationers.

Monthly, and shall set forth as far as the same can be ascertained: The full name of each child born alive, the sex, color, the full name and occupation of the parents, the date and place of birth, and the number (if any) of children of the present mother born alive. Such return shall be delivered, duly signed, to the Registrar of Vital Statistics, in the form of a certificate between the first and third day of each and every month, on the blanks furnished by the Commissioner of Health. In case the birth of any child shall occur within the limits of a city where a physician or practitioner of midwifery, or the person or persons who shall occur within the limits of a city where a physician or practitioner of midwifery, or the person or persons of such child to report its birth to the Commissioner, he shall become and within the period above required, and such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Twins Male & Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 30 — 1896
4. Place of Birth, (Street and Number) 325 S. Bank St.
5. Full Name of Mother, Caroline Weber
6. Mother's Maiden Name, Zink
7. Mother's Birthplace, Pennsylvanian
8. Full Name of Father, August Weber
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address 1427 E. Fratt St.

Remarks,

8960 0 02646

If the child be born alive within the city of Baltimore, but dies before a return of birth is made, the undertaker employed to bury the body shall make return of such birth, and shall receive therefor the same fee as for a return of death. Every return of birth shall be made within ten days after the birth has occurred, and shall be signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 20 May 1896
4. *Place of Birth, (Street and Number)* 241 Bowers Ct
5. *Full Name of Mother,* Catherine E Peters
6. *Mother's Maiden Name,* Cook
7. *Mother's Birthplace,* Randall Co
8. *Full Name of Father,* Frances P Peters
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Dr E H Brooks

Address, 1905 Eutaw

Remarks, 7 lbs 11 oz

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Wm. J. C. Dulany Co., City Printers and Stationers.

months, an shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be signed by the attending physician or midwife, if there be one, if not, by the father or mother of such child. Every such certificate shall be written or printed in the English language, and shall be delivered to the Registrar of Vital Statistics within ten days after the birth, and every such certificate not delivered within the time above required, and every such certificate not containing the information above required, shall be rejected by the Registrar of Vital Statistics, and the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred [illegible] or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, May th 30 1896
4. Place of Birth, (Street and Number) york R A No 16
5. Full Name of Mother, Mary Bently
6. Mother's Maiden Name, Mary Jackson
7. Mother's Birthplace, A Cambridge
8. Full Name of Father, Harris Jackson
9. Father's Occupation, labour
10. Father's Birthplace, Cambridge

Name of Medical Attendant, or other person who makes this Return, Brydgit Hunt

Address, 111 west Hury st

Remarks, full 9 months

8960002648

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* March 12 1916
4. *Place of Birth, (Street and Number)* 237 Welcome alley
5. *Full Name of Mother,* Susie Ewell
6. *Mother's Maiden Name,* Susie Custer
7. *Mother's Birthplace,* Northumberland Va
8. *Full Name of Father,* Edward Ewell
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Essex Co Va

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 410 Lemmon Ave

Remarks,

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) his sex, color, the full name and occupation of his parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, it shall be the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 6 0 3 8 2 8 4 9

RETURN OF A BIRTH. 74542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colud
3. Date of Birth, May the 30 1916
4. Place of Birth, (Street and Number) Stanf st 608
5. Full Name of Mother, Martha Hane
6. Mother's Maiden Name, Martha Braun
7. Mother's Birthplace, Kent irleland
8. Full Name of Father, isiah Braun
9. Father's Occupation Labour
10. Father's Birthplace, Kent irleland

Name of Medical Attendant, or other person who makes this Return, Sarah Jane Hamilton

Address, 1214 west Fluvg st

Remarks, full 9 months

Wm. J. C. Dulany Co., City Printers and Stationers.

8960502650

months, till the 30th day of June next, and no longer, unless the same can be ascertained the full name of each child, (if one shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other facts as may be required by the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the Commissioner of Health, in case the birth of any child third day of each and every month, or within the first ten days of the month next following, a like schedule shall be delivered, duly signed by the attendant or person who shall have been in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the neglect or refusal of such parent or parents, or any such person or persons who shall have been in attendance upon the mother, immediately thereafter, to comply with the provisions of this section shall be subjected to the fine of fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) B
3. Date of Birth. May 30 — 96
4. Place of Birth. (Street and Number) Md Gen'l Hosp
5. Full Name of Mother, Lizzie Downing
6. Mother's Maiden Name, Lizzie Kelly
7. Mother's Birthplace, Germany
8. Full Name of Father, Mike Downing
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. O'Leary Smith

Address, Md Gen'l Hosp

Remarks,

Health.—This section shall contain a list of the births which have occurred under the jurisdiction of every city, town or district, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth, and the name, color, birthplace and residence of parents of every child born therein, and the date of the return thereof; and the same shall be returned within thirty days after the birth to the office of the Commissioner of Health. In case the birth of any child shall occur without the limits of any city, town or district, but the parents or either of them reside therein, the same shall be returned as above required, and every such birth shall be registered as if it had occurred within the limits of such city, town or district. In case of the absence or inattendance upon the mother, immediately thereafter, of a physician or midwife, the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 19 1896
4. Place of Birth, (Street and Number) 7 S Broadway
5. Full Name of Mother, Louisa V. Schmidt
6. Mother's Maiden Name, " " Baumann
7. Mother's Birthplace, Balto City
8. Full Name of Father, Henry F Schmidt
9. Father's Occupation, Music Teacher
10. Father's Birthplace, Phila. Penn.

Name of Medical Attendant, or other person who makes this Return, J Harvey Hildebrand

Address, 847 Washington ave

Remarks,

1896 U 002652

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RETURN OF A BIRTH. 74545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ 3

1. *Sex, (state whether male or female)* ~~Child~~ Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 29 1896
4. *Place of Birth, (Street and Number)* 1031 Harford Av
5. *Full Name of Mother,* Hob Wingate
6. *Mother's Maiden Name.* Hob Corby
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* H. Wingate
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other person who makes this Return, James E. Godfrey

Address, 837 N. Central Av

Remarks,

1 8 9 6 0 0 0 2 6 5 3

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1336]

GIVEN NAME ADDED 8-24-53 74646

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Herman ~~Goetz~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 5/30/96

4. Place of Birth, (Street and Number) No. 840 N Chester Str

5. Full Name of Mother, Dora Goetz

6. Mother's Maiden Name, Mien Hardt

7. Mother's Birthplace, Germany

8. Full Name of Father, Albert Goetz

9. Father's Occupation Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mis L Gross

Address. No. 1907 E Monument Str

Remarks.

[illegible] name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each month succeeding that in which the birth occurs. And the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents who shall fail, neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74547

GIVEN NAME ADDED 8-3-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helen ~~Emily~~ Bauer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether ~~male or female~~) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 31st 1896
4. Place of Birth, (Street and Number) No ~~7~~ Bankhie Road annex
5. Full Name of Mother, Ottilie Bauer
6. Mother's Maiden Name, Ottilie Reed
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Bauer
9. Father's Occupation, Coach painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J C Mommenier

Address, Walbrook Md.

Remarks,

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RETURN OF A BIRTH 74548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 31st, 1896
4. Place of Birth, (Street and Number) 544 Oxford Street
5. Full Name of Mother, Mary Cooper
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, William C. Gantt
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. M. Magdalene Warner, M.D.

Address, Maternite, 410 Hoffman Street, West.

Remarks,

1896 U 0026556

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been omitted from the return of the birth of such child, and the full name, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate of the birth of any child third day of each and every month to the office of the Commissioner of Health. In the manner and within the time aforesaid, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time aforesaid, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 74549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 31. May.
4. Place of Birth, (Street and Number) N. 208. N. Wolfe. Street.
5. Full Name of Mother, Katharina Brockschmidt.
6. Mother's Maiden Name, Katharina Lautz.
7. Mother's Birthplace. Baltimore.
8. Full Name of Father, Henry Brockschmidt.
9. Father's Occupation Labourman.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary. Klass.

Address, N. 9. N. Wolfe. Street.

Remarks,

month, and shall set forth such as the same can be ascertained the full name of each child of live birth, the name of each parent, the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children (if any) to which the mother has been confined) his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifteenth days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or other person, it shall be the duty of the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

8960002657

RETURN OF A BIRTH. 74550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 31. 1896
4. *Place of Birth, (Street and Number)* 528 Lexinton Street
5. *Full Name of Mother,* Mrs Maggie B Jones
6. *Mother's Maiden Name,* Maggie Miller
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Henry L. Jones
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 230 [illegible]

Remarks,

8960002658

month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 74551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	—
3. *Date of Birth,*	Jan. 31st 1896
4. *Place of Birth, (Street and Number)*	2613 W. North ave.
5. *Full Name of Mother,*	Clara Ella Carter
6. *Mother's Maiden Name,*	Clara Ella Ford
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Washington Carter
9. *Father's Occupation,*	Builder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	J. Hzepp M. D.
Address,	N.E. Cor. W. North Ave & 9th St.
Remarks,	

1896 00 02659

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...mouth, and shall set forth as far as can be ascertained the full name of each child, if any shall have been born; the sex; color; full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance, the midwife or practitioner shall make the return herein required. If any birth shall occur without the attendance of such practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 31 May 1896
4. Place of Birth, (Street and Number) 459 E. Lay St
5. Full Name of Mother, Sarah Levin
6. Mother's Maiden Name, Goldman
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Philip Levin
9. Father's Occupation, Merchant
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R Ullig

Address, 1802 E. Lexington St

Remarks,

8960002660

said schedule shall be altered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person required to report the birth be in attendance upon the mother, the householder or owner or agent of which said child was born shall report the same within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, May 31 1926
4. Place of Birth, (Street and Number) 910 Leaden Hall St
5. Full Name of Mother, Emma Heath
6. Mother's Maiden Name, Emma Hudson
7. Mother's Birthplace, Lees Hill, N C
8. Full Name of Father, Radcuk Heath
9. Father's Occupation Laws
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Charlottie Williams

Address, 910 Leaden Hall St

Remarks,

B 9 6 0 3 0 2 8 6 1

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No ... shall ... as the same can be ascertained. It is ... case of ... any ... shall ... said schedule shall be delivered ... to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practicer of midwifery, or should no other person ... attendance upon the mother, immediately thereafter, ... child to report ... to the Commissioner of Health, in the manner and within the period above required, and ... as herein provided, each person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31 May 1896
4. Place of Birth, (Street and Number) 27 Eden st
5. Full Name of Mother, Viola Lauter
6. Mother's Maiden Name, Viola Lee
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, William Lauter
9. Father's Occupation Conductor B & O R R
10. Father's Birthplace, Eastern Shore Maryland

Name of Medical Attendant, or other person who makes this Return, Wm C Douglas

Address, 1828 Eutaw st

Remarks, Living Well

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month, as shall set forth as far as the same can be ascertained the full name of each child, (if one shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such schedule shall be delivered, duly signed by the physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED, 3-20-59

RETURN OF A BIRTH 74555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hildreth May Dorsey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 31, 1896.
4. Place of Birth, (Street and Number) 5 Woodbury ave.
5. Full Name of Mother, Edith E. Dorsey
6. Mother's Maiden Name, Hildreth
7. Mother's Birthplace, Md.
8. Full Name of Father, George Adam Dorsey
9. Father's Occupation Milkman
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

0960002663

Wm. J. C. Dulany Co., City Printers and Stationers.

months after date as the same can be ascertained, the full name or each child, if any shall have been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the said school shall be delivered, duly filled up, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person in attendance upon the mother, immediately thereafter, report the same, or in case of the death of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall wilfully neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	may the 31st 1896
4. *Place of Birth, (Street and Number)*	Christian st No 21 S
5. *Full Name of Mother,*	Jennie Cavene
6. *Mother's Maiden Name,*	Jennie Cavene
7. *Mother's Birthplace,*	Europe
8. *Full Name of Father,*	israel Cavene
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	europe
Name of Medical Attendant, or other person who makes this Return.	Mrs E Kelley
Address,	No 19 22 Watkins Ave
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall be delivered by the mother, if able, and if not able, by the nurse in attendance, or if there be no nurse in attendance, by the father thereof; and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 6 0 0 0 2 6 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, may the 31 - 18 26
4. Place of Birth, (Street and Number) Lemmon St # 19 1
5. Full Name of Mother, mary Komisal
6. Mother's Maiden Name, mary Tuber
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Tuber
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr S Fiellin

Address, # 19 22 William Ave

Remarks,

8 9 6 0 0 0 2 6 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly filled out by the practitioner in the form of a certificate between the first and fifth days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, ~~May~~ June 21 1896
4. Place of Birth, (Street and Number) Waverly
5. Full Name of Mother, Mary Conaway
6. Mother's Maiden Name, Mary Brown
7. Mother's Birthplace, Va
8. Full Name of Father, Rodie Conaway
9. Father's Occupation Labor
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Nurse Baltimore Alms

Address, ## E Balto St City

Remarks,

18960102666

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician, midwife or other person who shall have attended at the birth of any child, or if there shall have been no such attendant, then the father or mother of such child, within ten days after the birth, shall report to the Registrar of Vital Statistics the name of such child, if any shall have been conferred; its sex, color, the day, month and year of its birth, the full name, residence and occupation of its parents, the date and place of their marriage, if married, and the maiden name of the mother; and in case the first and said schedule shall be delivered at the office of the Commissioner of Health, or should no other person be in attendance at the birth, the mother shall report the same within ten days after the birth of each child born to her, which report shall be made in the manner and on the blanks furnished by the Commissioner of Health. If a physician or midwife shall become the duty of the person or persons required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons required, and attendance upon the mother, immediately to report the birth to the Commissioner of Health, in the manner and on the blanks furnished by the Commissioner of Health, in the manner and within the time prescribed in the first section of this section. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 3rd 1896
4. Place of Birth, (Street and Number) 303 N Carrollton
5. Full Name of Mother, Ida Ford
6. Mother's Maiden Name, Ida Smith
7. Mother's Birthplace, Balto
8. Full Name of Father, Ford
9. Father's Occupation, Police Officer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Geo B Raymond M.D.

Address, 1111 N Calvert St.

Remarks,

8966002667

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 14, 1896
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Florence Eveline Yohnna
6. Mother's Maiden Name, Florence Eveline Powell
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Yohnna
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Greenawalt

Address, 918 E. Eastern Ave. Balto. Md.

Remarks,

1896000026688

Wm. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) his sex, color, the full name by the practitioner in the form of a certificate between the first and said date or after the expiration of said month to the office of the Commissioner of Health, and no other person be in shall occur without the attendance of a physician or practitioner the duty of the person or parents of such attendance upon the mother, immediately report to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to be fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
Benjamin Franklin Mantz	
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 25th 1896
4. *Place of Birth, (Street and Number)*	233 S. Stricker St
5. *Full Name of Mother,*	Annie C Mantz
6. *Mother's Maiden Name,*	Annie C Hardy
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas W Mantz
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	E. E. Phillips
Address,	753 Lemmington St
Remarks,	Full name of child added by Aunt upon applying for a transcript
	Mrs Della R Gorman J. E. Mehn
	8 9 6 4 0 0 2 6 Clerk Index Clerk
	Aug. 18-1928

Wm. J. C. Dulany Co., City Printers and Stationers.

Any midwife or physician or practitioner of midwifery, or any other person in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who shall issue a certificate of such birth, and shall set forth as far as the same can be ascertained the full name of each child (if any) that have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth of the first and said schedule shall be delivered, duly signed by the physician or practitioner of midwifery, or should no other person be in shall occur within the space of one month of a physician or practitioner of midwifery, or should no other person be in any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22nd 1896
4. *Place of Birth, (Street and Number)* 220 Gold St
5. *Full Name of Mother,* Julia Lenny Lane
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas Lenny
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Chas E Truitt.

Address, 1829 Bolton St

Remarks,

1896000 2670

Wm. J. C. Dulany Co., City Printers and Stationers.

month, etc., shall set forth as far as the same can be ascertained the full name of each child, (if any, shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of its birth, and the said schedule shall be delivered, duly signed by the physician or midwife in attendance, or if there be none, by the first adult person in the house, to the Commissioner of Health. In case the birth of any child shall occur upon the premises where the mother is temporarily sojourning, and where there is no such person in attendance, then the duty of reporting such birth shall devolve upon the mother, immediately thereafter. It shall become the duty of the person or persons in charge of any lying-in asylum or other institution, to which women are admitted for the purpose of being confined, to report the birth of each and every child to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section. Any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 26 May
4. Place of Birth, (Street and Number) 174 Dolphin St.
5. Full Name of Mother, Louise Bauer
6. Mother's Maiden Name, Louise Mueller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Bauer
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. E. M. Mahone

Address, 913 N. Gilmor Ave Baltimore Maryland

Remarks,

8460002671

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth, in the same case, be ascertained the full name of each child, (if any shall have been still born, the fact shall be stated) the sex, the color, the full name and occupation of its parents, the date and place of birth, and the name, residence and occupation of the physician, midwife or other person who shall be present at the birth of any child. Such certificate shall be delivered, duly signed by the practitioner in the form of a certificate to be furnished by the Commissioner of Health, to the parent or parents of each child born, or in case of the absence or inability of the parents, then to the nearest relative present at the birth of any child within ten days after the birth of such child, and every such practitioner, midwife or other person who shall neglect or refuse to deliver such certificate as aforesaid, shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above mentioned, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 a.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 3 May

4. Place of Birth, (Street and Number) 928 Pennsylvania Ave.

5. Full Name of Mother, Sophie Marie Pressprich

6. Mother's Maiden Name, de Horst

7. Mother's Birthplace, Bremerhaven Germany

8. Full Name of Father, Moritz Pressprich

9. Father's Occupation Butcher

10. Father's Birthplace, Grosenhain, Saxony, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. H. Maennel

Address, 913 E. Fayette Ave Balto Md.

Remarks,

18960002672

Wm. J. C. Dulany Co., City Printers and Stationers.

236

RETURN OF A BIRTH. 74565

CERTIFICATE CORRECTED 1-7-95

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Haupt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 yd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, (5/6/95) June 8, 1896

4. Place of Birth, (Street and Number) at No 109 E. Lee Str

5. Full Name of Mother, Anna Haupt

6. Mother's Maiden Name, Dietner

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Haupt

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, No 1907 E Monument Str

Remarks,

8 9 6 0 0 0 2 6 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; if a boy, enter the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no Medical Person be in attendance upon the mother, the certificate required to be given by this section shall be made by the father or mother, if able, or by the householder or owner of the premises where the birth occurs, or by the nurse in attendance, within five days after the occurrence of such birth, under the penalty of fifty dollars for each offence. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336

RETURN OF A BIRTH. 74586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 5/12/96

4. Place of Birth, (Street and Number) No 1930 N. Eden Alley

5. Full Name of Mother, Barbara Meyers

6. Mother's Maiden Name, Rice

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Meyers

9. Father's Occupation Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross.

Address, No 1907 E Monument Ave

Remarks,

8960002674

been conferred) his sex, color, the full name and occupation of his parents, the date and place of birth; and the said schedule shall be delivered each month to the officer of the customer of midwifery, or should no other person be in third day of each and every month, to the office of the Registrar of Vital Statistics, of the Board of Health. In case the birth of a child shall occur without the attendance of a physician or midwife, it shall become the duty of the parent or parents of such child to report in like manner the birth of such child to the Registrar of Vital Statistics, of the Board of Health, in the manner and within the period above required, and shall occur upon the premises where such birth occurs, it shall be the duty of the occupant of such premises to report in like manner the birth of such child to the Registrar of Vital Statistics, of the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall, on conviction, be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1336.]

RETURN OF A BIRTH. 74567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3rd

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, May 29 1896
4. *Place of Birth*, (*Street and Number*) 1725 Fairmount av.
5. *Full Name of Mother*, Emily F. Kaiser
6. *Mother's Maiden Name*, " " Westerman
7. *Mother's Birthplace*, St. Louis Mo.
8. *Full Name of Father*, Oscar Kaiser
9. *Father's Occupation* Clergyman
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, R. W. Mansfield M.D

Address, 129 St Paul

Remarks,

8960002675

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been born alive to the mother of such child, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

3330

RETURN OF A BIRTH. 74568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 31st 1896
4. *Place of Birth, (Street and Number)*	1718 Gough St.
5. *Full Name of Mother,*	Anna Herbe
6. *Mother's Maiden Name,*	" Bach
7. *Mother's Birthplace,*	Bach.
8. *Full Name of Father,*	Henry Herbe
9. *Father's Occupation*	Brickmaker
10. *Father's Birthplace,*	Bach.
Name of Medical Attendant, or other person who makes this Return,	R.W. Mansfield M.D
Address,	129 S Bur
Remarks,	

1896 00 02676

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been stillborn, or die before the return is made, the sex, color, full occupation of its parents, the date and place of birth, and the full name, residence and occupation of the physician, midwife or other person in attendance, if any. Such return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. It shall become the duty of the person or parents of such child, where no physician or midwife is in attendance, to make such return within the period above required, and in the manner and to the Commissioner of Health aforesaid. It shall become the duty of the physician or midwife in attendance upon the birth to see that such return is made and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered by other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 7th

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) Col
3. *Date of Birth*, May 30th 1896
4. *Place of Birth*, (*Street and Number*) 45 W. Wn St
5. *Full Name of Mother*, ~~Tinnie Stewert~~ Tinnie Stewert
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*, Balto Md
8. *Full Name of Father*, Peter Young
9. *Father's Occupation* Laborer
10. *Father's Birthplace*, Annapolas

Name of Medical Attendant, or other person who makes this Return, Meredith Sprigg

Address, 1125 Rac St Balto Md

Remarks,

8 9 6 0 0 0 2 6 7 7

...tion ..., one shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 May
4. Place of Birth, (Street and Number) Feliciana Street
5. Full Name of Mother, Katie Dora
6. Mother's Maiden Name, Studinska
7. Mother's Birthplace, Pole
8. Full Name of Father, Florjan Dora
9. Father's Occupation, Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return,

Address, E. Canton Str. 838

Remarks, Mary Beth.

1896 00 02678

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~1202 N. Bond st.~~ May 31st 1896
4. *Place of Birth, (Street and Number)* 1202 N. Bond st
5. *Full Name of Mother,* Laura L. Berger
6. *Mother's Maiden Name,* " " White
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Alex. Berger
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8960002679

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 745 92

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex. (state whether male or female) Male — Howard J. Miller
2. Race or Color. (if not of the white race) Col
3. Date of Birth. May 21st 1896
4. Place of Birth. (Street and Number) 133 W. West St
5. Full Name of Mother, Sarah Miller
6. Mother's Maiden Name. Westmoreland County. Va
7. Mother's Birthplace, David Miller
8. Full Name of Father, Laborer
9. Father's Occupation Westmoreland County. Va
10. Father's Birthplace, Caroline Moore

Name of Medical Attendant, or other person who makes this Return. 49. W. West St Balto Md

Address,

Remarks. Given name added by mother upon applying for a transcript

Sarah Jane Miller
Mother

P.W. Shell Bath Index Clerk
May 1 1919

1896 00 02680

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife or physician or practitioner of midwifery, or should no other person be in attendance, then the father or householder, shall within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 of Mai 1896
4. Place of Birth, (Street and Number) 616 Mardealle
5. Full Name of Mother, Elisabet Stolz
6. Mother's Maiden Name, Elisabet Wagner
7. Mother's Birthplace, Germanie
8. Full Name of Father, Luis Stolz
9. Father's Occupation Butser
10. Father's Birthplace, Baier

Name of Medical Attendant, or other person who makes this Return. Luise Svatora

Address, 1010 Durham St

Remarks,

1896000268 1

Wm. C. Dulany Co., City Printers and Stationers.

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of the attending physician or midwife, or other person having charge of any case of birth occurring in the City of Baltimore, to report to the Registrar of Vital Statistics, Board of Health, the full name of such child, if any shall have been conferred; its sex, color, the day of its birth, the full name, residence and occupation of its parents, the date and place of birth; and the said report shall be signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd boy
1. *Sex, (state whether male or female)*	boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11 May 1896
4. *Place of Birth, (Street and Number)*	611 Ale str
5. *Full Name of Mother,*	Mary Fokt
6. *Mother's Maiden Name,*	Mary Nusbaum
7. *Mother's Birthplace,*	germany
8. *Full Name of Father,*	George Fokt
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	germany
Name of Medical Attendant, or other person who makes this Return.	Luise Svators
Address,	1910 Durham st
Remarks.	

8960002682

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74 & 74½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11 of Maj 1896
4. *Place of Birth, (Street and Number)*	Little str.
5. *Full Name of Mother,*	Mary Feld
6. *Mother's Maiden Name,*	Mary Nusbaum
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	George Feld
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Luise Svatos
Address,	1010 Durham st
Remarks,	

1896000026837

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 3. Be it further enacted, That any person who shall neglect or refuse to report as aforesaid the birth of any child, or to furnish the name or names of such child, (if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth, and the said schedule shall be delivered (if by mail) to the office of the Commissioner of Health. No stamp shall be required for the delivery of such schedule to the Commissioner of Health. No fee shall be charged by any person for the attendance upon the mother, immediately after the birth of any child, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, May 12th 1896
4. Place of Birth, (Street and Number) 6 W. Read Street
5. Full Name of Mother, Hester Van Hale
6. Mother's Maiden Name, Bonnibani
7. Mother's Birthplace, Holland
8. Full Name of Father, John Van Hale
9. Father's Occupation, Lumber Merchant
10. Father's Birthplace, Holland.

Name of Medical Attendant, or other person who makes this Return, Frank R Shutter

Address, 4 W Read Street.

Remarks,

8960002684

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of each street and avenue where the same occurred; and shall be delivered, duly signed by the person making the same, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars above required; and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. 74576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 12th 1899
4. Place of Birth, (Street and Number) 613 E. Lexington St.
5. Full Name of Mother, Annie O'Rattel
6. Mother's Maiden Name,
7. Mother's Birthplace, Ireland
8. Full Name of Father, John O'Rattel
9. Father's Occupation Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 122 S Eden ste.

Remarks,

8960002685

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Penalty.—Any person required by law to report the births which have occurred under his charge, who shall neglect to report the same within the time prescribed by law, or any midwife who shall neglect to report any birth which may occur within one month after she shall have been employed in attendance upon the mother, and shall not set forth as far as the same can be ascertained the full name, the date and place of birth, and the sex, color, the full name and occupation of the parents of each child (if any) born of the mother, and shall neglect to report the same to the Registrar of Vital Statistics, in the form of a certificate between the first and third days of each month, and shall deliver the same at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Council hereafter fail to comply with the provisions of this section shall be subject to the same penalties as are imposed by law for neglect of duty in other cases, and in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the same penalties as are imposed by law for neglect of duty in other cases, and in the manner and within the period above required, and forfeitures are recoverable.

RETURN OF A BIRTH. 74577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 22. 1896.
4. *Place of Birth, (Street and Number)* 118 S. Exeter St.
5. *Full Name of Mother,* Lizzie Cohn Stein
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Moses Cohn
9. *Father's Occupation* merchant
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter St.

Remarks,

B 4 6 0 0 0 2 6 8 6

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive since the last return,) the sex, color, date and place of birth, and the full name and residence of its parents, the date and place of their marriage, and the full name, occupation and residence of the attendant at such birth; and every such return shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, at the office of the Commissioner of Health, or shall be mailed to the same, on or before the third day of each and every month to the office of the Commissioner of Health, by the practitioner of midwifery, or shall no other person be in attendance upon such birth, then by the person who shall become the duty of the person or parents of such child to report the same; and every practitioner of midwifery who shall neglect or refuse to make such return as aforesaid, or shall make a false return, or shall neglect or refuse to report to the Commissioner of Health, in the manner and within the time prescribed in this section any such birth, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or fine (s) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Jan 31st 1926
4. Place of Birth, (Street and Number) 1125 Druid Hill Ave
5. Full Name of Mother, Jennie Thomas
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Virginia
8. Full Name of Father, Wm Thomas
9. Father's Occupation Chauffeur
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Dr. J. Edmunds

Address, 1113 E. Monument St

Remarks,

8900002687

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(See the Public Local Law of 1898, Section 20, Sub-Section 4.) The full name of each child, if any shall have been conferred, the sex, color, the full name and residence of each parent, the maiden name of the mother, the birthplace of each and every person to whom this certificate relates, the occupation of the father, and the date and hour of birth of each and every child born alive within the limits of Baltimore City, shall be reported to the Commissioner of Health by the physician in attendance upon the mother, immediately after such birth. In case there is no physician in attendance upon the mother, the midwife or other person who shall attend at the birth shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Miriam Margaret Heizel

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	12th May
4. Place of Birth, (Street and Number)	1304 Hopkins Ave
5. Full Name of Mother,	Annie Heizel (Preston Stecher)
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John L. Heizel
9. Father's Occupation,	Gardner
10. Father's Birthplace,	Switzerland
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groome
Address,	944 N. Gay St
Remarks,	

1 8 9 6 0 0 0 2 6 8 8

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said Coroner shall be entitled to receive from the Commissioner of Health, for each certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance at the time of the delivery of such child, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor and upon conviction thereof shall be fined not less than Ten (10) dollars nor more than Fifty (50) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

RETURN OF A BIRTH 74580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, May 17 1896
4. Place of Birth, (Street and Number) 1520 N. Bond St
5. Full Name of Mother, Emma Grace Krautz
6. Mother's Maiden Name, " DeSarmendia
7. Mother's Birthplace, Balto
8. Full Name of Father, George Henry Krautz
9. Father's Occupation, Druggist
10. Father's Birthplace, Balto

Name of Medical Attendant or other person who makes this Return. Dr. Davis M.D.

Address, 1507 N. Caroline St

Remarks,

1896 00 2669

month, and shall set forth in the same can be ascertained, the full name of each child, if any shall have been omitted, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered. duly signed by the practitioner in the form of a return of the birth of any child third day of each and every month to the office of the Commissioner of Health, in the manner and with the provisions of this section shall be subshall occur without the attendance of a physician or midwife, or should no other person be attendance as aforesaid, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 74581

GIVEN NAME ADDED, 7/20/6

To the Office of Registrar of Vital Statistics, Board [redacted] Health, Baltimore City.

Name: Ruth Ellen Vogel

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 19th May 1896
4. Place of Birth, (Street and Number) 141 N Luzerne st
5. Full Name of Mother, Margretha Vogel
6. Mother's Maiden Name, Lindsay
7. Mother's Birthplace, W. Virginia
8. Full Name of Father, George Vogel
9. Father's Occupation, Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groome

Address, 944 N. Gay st

Remarks,

1896 00026 90

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Boards of Health shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the certificate between the first and said schedule shall be delivered, daily (Sundays excepted), to the Commissioner of Health. In case the birth of any child third day of each month the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person required, and any such person who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24th 1896
4. Place of Birth, (Street and Number) 2007 Monument St.
5. Full Name of Mother, Theresa Wiedenhave
6. Mother's Maiden Name, Theresa Wiedenhave
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Wiedenhave
9. Father's Occupation, Elevator
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. W. H. Johnson M.D.

Address, 1916 East Pratt St.

Remarks,

8 9 6 U 0 0 2 6 9 1

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RETURN OF A BIRTH. 74583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 7th 1896.
4. Place of Birth, (Street and Number) 2103 Jefferson St.
5. Full Name of Mother, Emma W. Heckrotte.
6. Mother's Maiden Name, Emma W. Knies.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Harry W. Heckrotte.
9. Father's Occupation Instalment House Collector.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Wilmer Bamlin M.D.

Address, S. W. Cor. Calvert & Preston Sts.

Remarks,

1 8 9 6 0 0 0 2 6 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex. (state whether male or female)*	Boy
2. *Race or Color. (if not of the white race)*	White
3. *Date of Birth,*	May 11th, "96"
4. *Place of Birth. (Street and Number)*	16 N. Broad Hill Ave.
5. *Full Name of Mother,*	Mary Caspari
6. *Mother's Maiden Name,*	Mary Baden
7. *Mother's Birthplace,*	Walnut Co. Md.
8. *Full Name of Father,*	Wm. Caspari Jr.
9. *Father's Occupation*	Druggist
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M.D.
Address,	S. W. Cor. Walnut & Preston Sts.
Remarks,	

1896 U 002693

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED

RETURN OF A BIRTH. 74585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th,

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Whit.
3. Date of Birth, May 17th 1896.
4. Place of Birth, (Street and Number) 838 Harford Ave.
5. Full Name of Mother, Katharine W. Satterfield
6. Mother's Maiden Name, Katharine White
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Edward Layman Satterfield
9. Father's Occupation, Lumber Broad Packer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Wilmer Bamlow, M.D.

Address, S. W. Cor. Calvert & Preston Sts.

Remarks,

1896U002694

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his observation since the last preceding return, and shall set forth as far as the same can be ascertained the full, true and correct answers to each of the questions in the schedule. It shall be the duty of the attending physician or midwife, in case there be no physician in attendance, to report to the Commissioner of Health, in the manner and within the period above required, and shall report without the attendance of a physician or midwife, within ten days after the birth, the particulars required to be reported by physicians and midwives. Any person who shall neglect or refuse to report as aforesaid, or who shall report falsely, shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore shall be punished by a fine of not less than five dollars nor more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th,
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 18th, 1896.
4. *Place of Birth, (Street and Number)*	1063 Forest Place,
5. *Full Name of Mother,*	Celana M. Stone
6. *Mother's Maiden Name,*	Celana May Brinton.
7. *Mother's Birthplace,*	Cecil Co. Md.
8. *Full Name of Father,*	John Theodore Stone
9. *Father's Occupation*	Baltimore Md.
10. *Father's Birthplace*	Secretary & Treasurer of Bond Co.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M.D.
Address,	S. W. Cor. Calvert & Preston Sts.
Remarks,	

8960002695

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) his sex, color, and the name, age and occupation of its parents, the date and place of the birth and the number of the child of the mother, (whether first, second, third or other child,) and shall be signed by the practitioner in the form of affirmation required by law. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and with the powers of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

(3-30.)

RETURN OF A BIRTH. 74587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 22nd
4. Place of Birth, (Street and Number) 1921 Broad St
5. Full Name of Mother, Sallie M Talbott
6. Mother's Maiden Name, Sallie M Wilson
7. Mother's Birthplace, Md. A. A. Co.
8. Full Name of Father, Daniel T Talbott
9. Father's Occupation Miner
10. Father's Birthplace, Md. A. A. Co.

Name of Medical Attendant, or other person who makes this Return, Sarah E. Dot

Address, 1617 N Calhoun

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name and residence of the parents, the sex, color, the full name and residence of the occupation of the father, and the date and place of birth; and the said schedule shall be delivered monthly to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no person be present in attendance upon the mother, immediately thereafter, it shall become the duty of each and every person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 28 1896
4. Place of Birth, (Street and Number) No 1337 Hollins st
5. Full Name of Mother, Jennie Ely Lauers
6. Mother's Maiden Name, Jennie E. Stauffer
7. Mother's Birthplace, Harford Co
8. Full Name of Father, Wm H. Lauers
9. Father's Occupation Insurance Agent
10. Father's Birthplace, Harford Co.

Name of Medical Attendant, or other person who makes this Return, Sarah Letts

Address, 1611 Calhoun St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1896000 2697

Any physician, midwife or other person who shall neglect to report any birth at which he or she shall be present or in attendance, or of which he or she shall have knowledge, within the time prescribed by this section, shall be subject to a penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 9th of May
4. Place of Birth, (Street and Number) Barnes st- 1722
5. Full Name of Mother, Maggie Brown
6. Mother's Maiden Name, Maggie Robertson
7. Mother's Birthplace, St- Marys County
8. Full Name of Father, Amos a Brown
9. Father's Occupation, Brick Maker
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return. Maria Forrest

Address, 1928 Chase st

Remarks,

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and such person or persons so failing shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1896 08 26 98

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... shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 7, 1896
4. *Place of Birth, (Street and Number)* 1002 W. Lombard st.
5. *Full Name of Mother,* Mary E. Covell
6. *Mother's Maiden Name,* Wilson
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Luther M. Covell
9. *Father's Occupation,* Boiler Maker
10. *Father's Birthplace,* Baltimore

Name of Medieul Attendant, or other person who makes this Return, J. Mc Hood, MD.

Address, 16 S. Gilmor st.

Remarks,

1896000002699

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GIVEN NAME ADDED 8-24-66

RETURN OF A BIRTH. 74591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Marie Louise ~~Rose~~ , c
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	1210 E Baltimore
4. Place of Birth, (Street and Number)	May 2nd 1896
5. Full Name of Mother,	Georgianna Rose
6. Mother's Maiden Name,	E. C. Reissmann
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Otto Rose
9. Father's Occupation	Store Keeper
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Marie E. Palmitzer M. D.
Address,	725 Mulberry street
Remarks,	

I 8960002700

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 Mai 96
4. Place of Birth, (Street and Number) 1002 Eastern Av
5. Full Name of Mother, Lucia ~~Marci~~ Butta
6. Mother's Maiden Name, Lucia ~~Butta~~ Marci
7. Mother's Birthplace, Rignato Italia
8. Full Name of Father, Giovanni Butta
9. Father's Occupation, Laborer
10. Father's Birthplace, Giarre Italia

Name of Medical Attendant, or other person who makes this Return, Palma Tamarelli

Address, 235 President St

Remarks, Francesco Butta

1896 0002701

Wm. J. C. Dulany Co., City Printers and Stationers.

Note.—Every person required by law to make return of any birth, or of the issue of any female, who shall have been conferred in her case, or the same can be ascertained, the full name or surname of such child, the day and place of birth, and the said schedule shall be delivered, duly filled out, to the undertaker or person acting as undertaker who shall attend the interment of such child, and every undertaker or person acting as undertaker who shall attend the interment of any child for which a certificate has not been delivered to the sexton or person in charge of the burial ground or place of interment, shall, within the first ten days of each and every month, make return in writing to the Commissioner of Health, in the form of a certificate hereinbefore provided, of every interment attended by him during the preceding month, and in case there shall be no interment attended by him during any month, he shall make return of that fact within the first ten days of the following month. In case the birth of any child occurs without the attendance of a physician or practitioner of midwifery, the parent or parents of such child shall report the birth to the Commissioner of Health, in the manner and within the period above required of physicians and midwives, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1336]

RETURN OF A BIRTH. 74593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 1.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 of May 1896
4. Place of Birth, (Street and Number) East Av. N. 2607
5. Full Name of Mother, Helena Zalanzka
6. Mother's Maiden Name, Kuskey
7. Mother's Birthplace, Konz
8. Full Name of Father, Zalanzka
9. Father's Occupation Labor
10. Father's Birthplace, Kuskey

Name of Medical Attendant, or other person who makes this Return Maria Bugais

Address, N. 2613 East Av.

Remarks.

1896 00 02702

Wm. J. C. Dulany Co., City Printers and Stationers.

...the full name and occupation of the father, the date and place of birth, and the ...sex, color, the full name and occupation of the father, the date and place of birth, and the ...been conferred, shall be delivered, duly signed by the ... Commissioner of Health. In case no other person be in ...shall occur without the attendance of a physician or midwife, the person or parents of such ...attendance upon the birth to the Commissioner of Health, in writing, within the period above ...child to report as herein required, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 27th 96
4. Place of Birth, (Street and Number) 1316 Salem ave
5. Full Name of Mother, Lucelle Young.
6. Mother's Maiden Name, " Moore
7. Mother's Birthplace. W. Va
8. Full Name of Father, J. W. S. Young.
9. Father's Occupation Machinist
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, L. F. Fray M.D.

Address, 2414 Druid Hill Ave

Remarks, Was Worked

8960002703

Wm. J. C. Dulany Co., City Printers and Stationers.

Rule 14. Each birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health. In case the first person to visit the mother immediately thereafter, shall not within the period above required, and after due search, find a practitioner in attendance, it shall be the duty of such person to report its birth to the Commissioner of Health. Any person who shall fail to comply with the provisions of this rule, or any such person or persons who shall hinder or delay the Commissioner of Health in the execution of his duties, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]

RETURN OF A BIRTH. 74595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd January 1893
4. Place of Birth, (Street and Number) 1011 E. Lombard St
5. Full Name of Mother, Sarah Segal
6. Mother's Maiden Name, Bozin
7. Mother's Birthplace, Russia
8. Full Name of Father, William Segal
9. Father's Occupation, Tinsmith
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Clemens

Address, 12 E. Lexington St

Remarks,

8960002704

Wm. J. C. Dulany Co. City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health, who shall not collect per[illegible] shall order without the aforementioned certificate; and the said officer shall not collect any fee in [illegible] unless the same be ordered by the Commissioner of Health. In the manner and within the period above required, and child to report its birth to the Commissioner of Health. In the manner and within the period above required, and [illegible] shall hereafter fail to comply with the provisions of this section, he shall forfeit and pay for each and every such person or persons who shall hereafter fail to comply with the provisions of this section, he shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 74596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 June 1896
4. Place of Birth, (Street and Number) 131 Thames St
5. Full Name of Mother, Caroline Fischer
6. Mother's Maiden Name, Albert
7. Mother's Birthplace, Prussia
8. Full Name of Father, Louis Fischer
9. Father's Occupation Steamboat Captain
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, L. Sherman

Address, 12 Aliceanna St

Remarks,

8960002705

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring in a city, county, town or district, the date and place of birth, and the full name, sex, color, and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no birth occurs in any such month, or if no physician or midwife, or should no other person be in attendance upon the birth, a like certificate shall be delivered by the householder, in the manner and within the period above required, and shall report the fact that no birth occurred in such month. Any person who shall neglect or refuse to make such report as herein required, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 74597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960002706

Wm. J. C. Dulany Co., City Printers and Stationers.

330

RETURN OF A BIRTH. 74598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, [illegible]

8 7 6 U 0 0 2 7 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 4. Every physician or midwife in attendance upon the birth of any child, and the father, mother, householder, or other person having charge of such child, shall, within ten days after the birth of such child, make a return thereof to the Commissioner of Health, in the manner and with the particulars required by this section, and shall be entitled to receive from the Commissioner fifty cents for each return so made; and any person who shall neglect or refuse to make such return shall be liable to a penalty of ten dollars for each and every such neglect or refusal, to be recovered as other fines and forfeitures are recoverable.

Sec. 6. Every physician or midwife in attendance upon any case of birth; and the father, mother, householder, or other person having charge of such child, shall, within ten days after the birth of such child, make a return thereof to the Commissioner of Health, in the manner and with the particulars required by this section, and shall be entitled to receive from the Commissioner fifty cents for each return so made; and any person who shall neglect or refuse to make such return shall be liable to a penalty of ten dollars for each and every such neglect or refusal, to be recovered as other fines and forfeitures are recoverable.

Sec. 7. Every physician or midwife in attendance upon any case of birth; and the father, mother, householder, or other person having charge of such child, shall, within ten days after the birth of such child, make a return thereof to the Commissioner of Health, in the manner and with the particulars required by this section, and shall be entitled to receive from the Commissioner fifty cents for each return so made; and any person who shall neglect or refuse to make such return shall be liable to a penalty of ten dollars for each and every such neglect or refusal, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 13. 1896
4. *Place of Birth, (Street and Number)*	223 S. Eagle st.
5. *Full Name of Mother,*	Carrie Heddinger
6. *Mother's Maiden Name,*	Carrie Heck
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Mayer Heddinger
9. *Father's Occupation,*	Miller
10. *Father's Birthplace,*	Washington D.C.
Name of Medical Attendant, or other person who makes this Return.	Johanna T. Zelvie M.D.
Address,	1925½ N. Pratt st.
Remarks,	

1896000027088

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the householder or lodger in whose house the birth of any child shall occur without the attendance of a physician or nurse, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the time required, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 13 - 1894
4. Place of Birth, (Street and Number) 111 N. Monroe St.
5. Full Name of Mother, Louisa Smuck
6. Mother's Maiden Name, Lyons
7. Mother's Birthplace, Harford Co.
8. Full Name of Father, William J. Smuck
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore,

Name of Medical Attendant, or other person who makes this Return, John Neff M.D.

Address, 701 N. Carrollton Ave

Remarks,

1894 00 02709

Wm. J. C. Dulany Co., City Printers and Stationers.

Upon conferring the sex, color, the full name with the correction of the Christian name of each child, if any shall have been omitted, and the number of each child born to the mother, the date and place of birth, the name of the mother, the full name, occupation and birthplace of the father, the name of the medical attendant, and the address of the person making the return, the above blank shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the occupant of the premises where such child was born to report the same to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36

said schedule shall be delivered, duly signed by the practitioner in [illegible] the form of a certificate [illegible] of birth; and the third day of each and every month to the office of the Commissioner of Health. In case between the first and shall occur without the attendance of a physician or practioner of midwifery, or should the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 7

1. *Sex,* (*state whether male or female*). Male

2. *Race or Color,* (*if not of the white race*). White

3. *Date of Birth,* [illegible] May 1896

4. *Place of Birth,* (*Street and Number*) 2[illegible] [illegible]

5. *Full Name of Mother,* [illegible]

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* [illegible]

9. *Father's Occupation* [illegible] clerk

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 42 [illegible]

Remarks,

1896000027 10

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF BIRTH. 74602

GIVEN NAME ADDED, 1/20/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: HARRY GEORGE TIPPETT CHILDS

No. of Child of Mother? (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 15th 1896
4. Place of Birth, (Street and Number) Baltimore Valley ave No 7
5. Full Name of Mother, Mary E. Childs
6. Mother's Maiden Name, Mary E. Valley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William H. Childs
9. Father's Occupation Candy Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elisabeth Wilcox

Address, Hoffmans Lane Baltimore

Remarks,

8960002711

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of certificate hereinafter directed, to the Registrar of Vital Statistics, within one third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time required by law; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance as aforesaid, immediately thereafter it shall become the duty of the parents of such child to report all births to the Commissioner of Health. In the event of failure to comply with the provisions of this section shall be liable, any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 20th 1896
4. *Place of Birth, (Street and Number)*	1233 William st.
5. *Full Name of Mother,*	Annie L. Bond (Johnson
6. *Mother's Maiden Name,*	Balto.
7. *Mother's Birthplace,*	Richard L. Bond
8. *Full Name of Father,*	Can Maker
9. *Father's Occupation,*	Balto.
10. *Father's Birthplace,*	R. C. Lee
Name of Medical Attendant, or other person who makes this Return.	Hanover st
Address,	
Remarks,	

8960002712

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 2-24-58

RETURN OF A BIRTH. 74604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 21st 1896
4. Place of Birth, (Street and Number)	# 1717 W. Franklin st
5. Full Name of Mother,	Josephine White
6. Mother's Maiden Name,	Wildwright
7. Mother's Birthplace,	Anne Arundel Md.
8. Full Name of Father,	Wilbur C. White
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Port Deposite Md.
Name of Medical Attendant, or other person who makes this Return,	R. C. Lee
Address,	Hanover st.
Remarks,	

8960002713

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 Oct 1896
4. Place of Birth, (Street and Number) 815 Pratt St
5. Full Name of Mother, Ida Lewis
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Prussia
8. Full Name of Father, [illegible]
9. Father's Occupation Cigar packer
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, E Sherman

Address, 12 Linwood

Remarks,

8960002714

Wm. J. C. Dulany Co., City Printers and Stationers.

...said act he/she shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the time above specified, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd Day
4. Place of Birth, (Street and Number) 2 E. Preston
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1896 U 902715

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth so far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 23, 1896
4. *Place of Birth, (Street and Number)* 1032 Sterling St
5. *Full Name of Mother,* Lucinda Colw[ell]
6. *Mother's Maiden Name,* Lucinda Tall[illegible]
7. *Mother's Birthplace,* Balti
8. *Full Name of Father,* W. A. Colwell
9. *Father's Occupation* Watchman
10. *Father's Birthplace,* Balti

Name of Medical Attendant, or other person who makes this Return, Jn. R. Caskey

Address, 213 E Heath

Remarks, [illegible]

896000027?16

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 23rd 1896

4. Place of Birth, (Street and Number) 19 Brady Avenue

5. Full Name of Mother, M. J. Griffith

6. Mother's Maiden Name, Carroll

7. Mother's Birthplace, Md

8. Full Name of Father, Wm A Griffith

9. Father's Occupation Motorman

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr J. B. Hart

Address, 815 Jefferson Ave

Remarks,

8 9 6 0 0 0 2 7 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall state the full name and occupation of the parents, the color of the child, the date and place of birth, and the full name of the mother before marriage. Every person who shall have been in attendance upon any birth shall, within ten days after the occurrence thereof, make a return of the facts required in this schedule to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person make return of such birth as required by this section, it shall become the duty of each and every midwife who shall have been in attendance upon any birth within the period above required, and shall report the same to the Commissioner of Health, and any midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 23 - 1896
4. Place of Birth, (Street and Number) # 16 N Montford Av
5. Full Name of Mother, Mary Ann McGinnis
6. Mother's Maiden Name, Daniel
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, Arthur McGinnis
9. Father's Occupation, Grain distiller
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. D O Hunter M.D.

Address, 25 S. Eden St.

Remarks,

been conferred in any case the full name and occupation of its Parents. One certificate between the first and said date, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the birth, the mother shall herself make the return required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1 5 7 6 0 5 0 2 7 1 8

WM. J. G. BALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 74610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th January 76
4. Place of Birth, (Street and Number) 76 N Eutaw St
5. Full Name of Mother, Kate Lail
6. Mother's Maiden Name, Reese
7. Mother's Birthplace, Prince Georges
8. Full Name of Father, Benjamin Lail
9. Father's Occupation Carpenter
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Dr Schmidt

Address. 12 N Eutaw St

Remarks.

18960002719

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or shall no other person who shall attend upon such birth shall immediately thereafter, in the manner and within the time above required, and shall occur without the attendance of a physician or practitioner, the duty of the person above required, and attendance upon birth to the Commissioner of Health, in the manner and within the time above required, and child to report all births which may occur without the attendance of a physician or practitioner, and any person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ✓

1. Sex. (state whether male or female) Male ✓
2. Race or Color, (if not of the white race) ✓
3. Date of Birth, 2nd Nov 1896 ✓
4. Place of Birth, (Street and Number) 1 Lombard ✓
5. Full Name of Mother, Sarah Greenberg ✓
6. Mother's Maiden Name, Levin ✓
7. Mother's Birthplace, Russia ✓
8. Full Name of Father, Samuel Greenberg ✓
9. Father's Occupation Peddler ✓
10. Father's Birthplace, Russia
Name of Medical Attendant, or other person who makes this Return, [illegible]
Address, [illegible]
Remarks,

1896U002720

Wm. J. C. Dulany Co., City Printers and Stationers.

said, schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the Commissioner of Health. In case no other person be in attendance at such delivery such midwife, or the person or parents of such child shall report its birth within the time aforesaid. And if any such person or persons who shall have the management of this provisions of this section shall be subjected to the fine or fines of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 25 96
4. Place of Birth, (Street and Number) # 719 Wiguard st
5. Full Name of Mother, Ida West
6. Mother's Maiden Name, Ida Heldmann
7. Mother's Birthplace, City Charles West
8. Full Name of Father, Clark
9. Father's Occupation, Engr
10. Father's Birthplace, U.S.A. Maryland

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 608 Wiguard

Remarks,

1896000272 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* May 25th 1896
4. *Place of Birth, (Street and Number)* 1708 W. Lafayette Ave
5. *Full Name of Mother.* Bertha Lease
6. *Mother's Maiden Name.* Tibballs
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father.* Wm. M. Lease
9. *Father's Occupation* Clerk
10. *Father's Birthplace.* Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return. John ?Ruff M.D.

Address. 701 N Carrollton Ave

Remarks.

8960002722

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26 1896
4. Place of Birth, (Street and Number) 1134 N. Stricker St.
5. Full Name of Mother, Priscilla Doughty
6. Mother's Maiden Name, Broadwater
7. Mother's Birthplace, Worcester Co. Md
8. Full Name of Father, Henry G. Doughty
9. Father's Occupation, Brickmaker & collector
10. Father's Birthplace, North Hampton Co. Va

Name of Medical Attendant, or other person who makes this Return. John Nott M.D. for A. Goodman

Address.

Remarks.

8960002723

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be registered, only signed by the physician or midwife in attendance, or by the parent or householder, or owner of the premises in the absence of the parent, or by the undertaker who shall first take charge of the body of any child found dead, or by the coroner who shall first view the body of any child found dead, or by the person having charge of any institution in which a birth occurs without the attendance of a physician or practitioner, and every midwife or practitioner attending upon a birth shall immediately thereafter, in the manner and within the time above required, and shall report to the Commissioner of Health the name and residence of the person who was in charge of the mother at the birth of each child, and every month to the Commissioner of Health a list of the births attended by him or her during the month preceding, with the names and residences of the parents of each child, and the date of each birth. In case the birth of any child occurs without the attendance of a physician or midwife, it shall be the duty of the person having charge of the premises where such birth occurs, within the time above required, and in the manner aforesaid, to report the birth to the Commissioner of Health, and in the manner and within the time above required, and any person who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336

RETURN OF A BIRTH. 74615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 18
4. Place of Birth, (Street and Number) 336 E Fayette St
5. Full Name of Mother, Emma C Yeiser
6. Mother's Maiden Name, Shriver
7. Mother's Birthplace, Penna
8. Full Name of Father, Chas Conrad
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, E Schneider MD

Address, 1211 Eutaw St

Remarks,

1 8 9 6 U 0 0 2 7 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife, or other person who shall have been present at the birth of any child, shall, within the period above required, report to the Commissioner of Health, in the manner and form prescribed by him, the date and place of birth, and the full name and occupation of its parents, the sex, color, and whether it was the first and said schedule shall be delivered, duly signed by the physician or midwife, or other person who shall have been present at the birth of any child, shall occur without the presence of a physician or practioner of midwifery, or should no other person be in attendance, then by the mother, immediately thereafter it shall become the duty of the person in whose house or premises such birth shall occur, within the period above required, and third day of each and every month thereafter, to furnish to the Commissioner of Health a certificate setting forth as to each child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 27/96
4. Place of Birth, (Street and Number) No 627 Montford ave
5. Full Name of Mother, Mary [illegible] Cerniak
6. Mother's Maiden Name, [illegible] Dunphy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Cerniak
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mrs [illegible]

Address, No 1907 E Monument St

Remarks.

1896000027 25

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed, [illegible] in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74617.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 28th 1896
4. *Place of Birth, (Street and Number)* Gutman Ave.
5. *Full Name of Mother,* Emma J Parks
6. *Mother's Maiden Name,* Parks
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Wm. H. Parks
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Hart

Address, 818 Jefferson Ave [illegible]

Remarks,

1896 0002726

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. George W. H. Keene Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible] ([illegible]) Keene
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible] ([illegible]) Keene
9. *Father's Occupation* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

1896002727

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, May 29 1896
4. Place of Birth, (Street and Number) 1713 Pine Street
5. Full Name of Mother, Annie Callum
6. Mother's Maiden Name, Pine
7. Mother's Birthplace, Calvert Co.
8. Full Name of Father, William H. Callum
9. Father's Occupation Laboring
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1896000 2728

Wm. J. C. Dulany Co., City Printers and Stationers

1346

RETURN OF A BIRTH. 74620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 29 1876 Place

4. Place of Birth, (Street and Number) 1414 Eutaw

5. Full Name of Mother, Alice M. Gilbert

6. Mother's Maiden Name, Alice M. Cluff

7. Mother's Birthplace, Buffalo N. Y.

8. Full Name of Father, Frederick M. Gilbert.

9. Father's Occupation Manufacturer

10. Father's Birthplace, New York City.

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly.

Address, 1406 Eutaw Place.

Remarks. + 8960002729

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of such child (if any shall have been given), the sex, color, the full name, residence and occupation of the parents, the date and place of birth, and such other particulars as the Commissioner of Health may require. The certificate of birth of any child born alive shall be delivered by the physician, midwife or other person in attendance upon the birth, or in case there be no such attendant, then by the father or mother of such child, within ten days after such birth, to the Registrar of Vital Statistics, who shall issue a certificate therefor in such form as the Commissioner of Health may prescribe, and for every neglect or refusal to make such report, or to issue such certificate, the person offending shall be liable to a penalty of ten dollars, to be recovered, with costs, before any justice of the peace, or the police justice of the city, on the complaint of the Commissioner of Health, and for the use of the Board of Health. Any physician, midwife or other person who shall refuse or neglect to report any birth at which he shall be present, or in attendance, within the time prescribed by this section, shall forfeit and pay for each offence, upon conviction thereof before any justice of the peace, or the police justice of the city, a fine of ten dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74621

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female).* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 29th 11 53 P.M. 1896
4. *Place of Birth (Street and Number)* 3rd Street & Caulton Ave
5. *Full Name of Mother* Louisa Mary Krasch
6. *Mother's Maiden Name* L. M. Tibbes
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Johnson Krasch
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jas E Donnelly M.D.

Address 1701 Baltimore St. East.

Remarks

1896 U 0 0 2 7 3 0

address at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH. 74622

GIVEN NAME ADDED 11-8-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Abell Hunter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 30, 1896.
4. Place of Birth, (Street and Number) 1414 Eutaw Place.
5. Full Name of Mother, Ida Webster Hunter
6. Mother's Maiden Name, Ida Webster
7. Mother's Birthplace, Belair Md.
8. Full Name of Father, J. Abell Hunter
9. Father's Occupation Civil Engineer
10. Father's Birthplace, Martinsburg W. Va.

Name of Medical Attendant, or other person who makes this Return, Howard A. Kelly.

Address, 1406 Eutaw Place.

Remarks,

1896 00 0 2 7 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Physicians, midwives, or other persons having charge of cases of births are required to report the sex, color, the full name and occupation of its parents, the date and place of birth of each child, (if any shall have been delivered since the last report,) and the full name of each child, (if any shall have been named since the last report,) and the street and number of the residence of the parents, or the place where the birth occurred, on blanks furnished by the Commissioner of Health, and shall write or stamp the date of the return and their signature on the certificate, which shall be delivered, duly signed by the practitioner in charge of the case, to the Registrar of Vital Statistics, at the office of the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at the time of the birth, the mother herself shall be required to report the same as above required, and shall also report the name and residence of the physician or midwife in attendance upon her subsequently thereto. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 20 th 1896
4. *Place of Birth, (Street and Number)* Lorsey Lane
5. *Full Name of Mother,* Sarah H Powell
6. *Mother's Maiden Name,* Sarah H Cooper
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James Powell
9. *Father's Occupation* Gunal Labor
10. *Father's Birthplace,* Howard County

Name of Medical Attendant, or other person who makes this Return, Bertie Nicks

Address, Harvey Lane Baltimore Md

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, timely notice thereof shall be given to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 6 0 0 0 2 7 3 2

RETURN OF A BIRTH. 74624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 11/96
4. *Place of Birth, (Street and Number)*	427 Orford Ave
5. *Full Name of Mother,*	Lizzie Jackson
6. *Mother's Maiden Name,*	Graf
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	H. G. Jackson
9. *Father's Occupation*	Ellis carrier
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Wm. B. Billingslea
Address,	1206 E. Pratt St
Remarks,	

1896 02733

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Sec. 6. Be it further enacted, That the name and occupation of the parents, the date and place of birth, and the sex, color, &c. of each child born alive in the City of Baltimore between the first and third day of each and every month shall be delivered, duly signed by the physician or practicioner of midwifery, or should no other person be in attendance within said time, by the undertaker employed to bury the dead body of such child, to the Commissioner of Health, who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 701626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) William Edward

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Brown skin
3. Date of Birth, June 4 1896
4. Place of Birth, (Street and Number) Chase St & 1928
5. Full Name of Mother, Mary E Chase Baltimore
6. Mother's Maiden Name, Mary E Chase
7. Mother's Birthplace, William Forest
8. Full Name of Father, Brick yard
9. Father's Occupation Saint Mary County
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Ann Forest

Address, 1928 E Chase

Remarks, Male 15 month Old

1896 00 0 2 7 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth on the certificate the full name of each child, (if any shall have been omitted at a previous return,) the full name and occupation of its parents, the date and place of birth, and the sex of each child; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. It shall not be lawful for any person other than the mother or father of such child to make such return, unless the practitioner shall refuse or neglect to do so, and it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A74630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, July 4th 1896
4. Place of Birth, (Street and Number) 1826 E. Chase st.
5. Full Name of Mother, Margaret Summers.
6. Mother's Maiden Name, Margaret Forrest
7. Mother's Birthplace, St. Marys County
8. Full Name of Father, William Summers.
9. Father's Occupation Stevedore.
10. Father's Birthplace, St Marys County

Name of Medical Attendant, or other person who makes this Return, Maria Forrest

Address, Chapel, between Eager and Chase st.

Remarks,

1 8 9 6 0 0 0 2 7 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the time and place of birth, and the said schedule shall be delivered, duly signed, to the officer of the Commissioner of Health. In case the birth of any child third day, within the time above required, it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter, to make out and deliver to the proper officer, within the period above required, and child to report its birth to the Commissioner, after fail to comply with the provisions of this section shall be sub- any such person who shall wilfully refuse or fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 74639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Brown Skin
3. Date of Birth, August 11th 1896
4. Place of Birth, (Street and Number) 600 Madaria st
5. Full Name of Mother, Ellen Gasway
6. Mother's Maiden Name, Ellen Wright
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Horace Gasway
9. Father's Occupation, Laber Chemical Works
10. Father's Birthplace, Prince Georges Co Md

Name of Medical Attendant, or other person who makes this Return. Maria Forest

Address, 1926 E Chase st

Remarks, ...

B 4 6 U 0 0 2 7 3 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

print, the full christian and surname and occupation of its parents, the date and place of birth and such other information as may be required by the blanks furnished by the Commissioner of Health, and when the first and said schedule shall be delivered within ten days after the birth, to the office of the Commissioner of Health, or should no other person be third day of each month to the office of the Commissioner of Health, a return of all births which have occurred during the attendance of a physician or midwife, in case the birth of any child midwife, or in case there was no such attendance, then the householder or owner of the premises where such birth occurred, shall within ten days after the birth, to the office of the Commissioner of Health, in the manner and with the particulars required, and child to report its birth, as herein required, and the penalties and provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 8746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Sept 15 1896 Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 15. 1896
4. *Place of Birth, (Street and Number)* 1908 E. Chase St.
5. *Full Name of Mother,* Edgia Jane Lewis
6. *Mother's Maiden Name,* Edgar Jane Walker
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Wm Cornish
9. *Father's Occupation* Hod. Carrier
10. *Father's Birthplace,* Cambridge Md

Name of Medical Attendant, or other person who makes this Return, Maria Forrest

Address, 1926 E. Chase St.

Remarks,

B 7 6 U 0 0 2 7 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the Physician, Midwife or other person in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person in attendance upon the mother make a return of the birth within the period above required, and it is certified to the Commissioner of Health, in writing, by any person who shall have been present at the birth, that he will comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

4

RETURN OF A BIRTH. 76054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd (Francis)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 June 1898
4. Place of Birth, (Street and Number) 1908 Mount Royal Terr, Talbot
5. Full Name of Mother, Ann Bridget [illegible] Burk
6. Mother's Maiden Name, Bridget
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas L. Talbott
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. B. Browne M. D.

Address, 510 Park ave

Remarks,

8906000 2738

Wm J. C. Dulany Co., City Printers and Stationers.

12

RETURN OF A BIRTH. 70655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st C.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 June 1896
4. Place of Birth, (Street and Number) 1816 Oakley St
5. Full Name of Mother, Ida Osborne
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father, Osborne
9. Father's Occupation, Agent
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. B. Browne M.D.

Address, 510 Park Ave

Remarks,

L 8960002739

Wm J C. Dulany Co., City Printers and Stationers.

both inclusive) of each year. The full name and occupation of its parents, the date and place of birth, and the sex of the child shall be stated, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then the certificate of such attendance shall be signed by the person present at the birth, or by the parent or parents of such child, as the case may be, and delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then the certificate of such attendance shall be signed by the person present at the birth, or by the parent or parents of such child, as the case may be, and delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence; to be recovered in other lines and forfeitures are recoverable.

RETURN OF A BIRTH. 74656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

[Se]x, (state whether male or female) Male

[R]ace or Color, (if not of the white race) Colored.

[D]ate of Birth. June 1st

[P]lace of Birth, (Street and Number) Baltimore 1114 E. Hamburg St

5. Full Name of Mother. Cordelia Smith

6. Mother's Maiden Name.

7. Mother's Birthplace. Lancaster Co. Va

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address. 836 [illegible] St

Remarks, The child is [illegible] born
Don't know who is the father.

1896000[illegible]740

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1 - 1896
4. Place of Birth, (Street and Number) 122 Brady Ave Waverly
5. Full Name of Mother, Lucy A. Lange
6. Mother's Maiden Name, " " Martin
7. Mother's Birthplace, ~~Baltimore~~ Massachusetts
8. Full Name of Father, Henry J Lange
9. Father's Occupation Cook on Steamboat
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address. 811 Jefferson Ave Waverly - Baltimore

Remarks,

1 8 9 6 U 6 0 3 7 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been registered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent of any child born without the aid of such practitioner or midwife, or should no other person be in attendance, to the mother of such child, immediately thereafter. It shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by section 1 of this ordinance, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1st 1896
4. Place of Birth, (Street and Number) 311 N. Carrollton ave
5. Full Name of Mother, Rebecca Miller
6. Mother's Maiden Name, Rebecca Rice
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Moses Miller
9. Father's Occupation Salesman
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Herdon Cook

Address, 914 N. Charles St. City

Remarks,

8960002742

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 1 st 1896
4. Place of Birth, (Street and Number) No 12 Browns Lane
5. Full Name of Mother, Annie Malstad
6. Mother's Maiden Name, Annie Bahne
7. Mother's Birthplace, Germany
8. Full Name of Father, Hermann Malsted
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

+ 8 7 6 0 0 0 2 7 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become the duty of the person residing where such birth shall occur, to report the same to the Commissioner of Health, in the manner and according to the provisions of this section shall be required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 1st 1896.
4. Place of Birth (Street and Number),	312 Roland Ave.
5. Full Name of Mother,	Kate Coltrider
6. Mother's Maiden Name,	Allison
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Alvin F. Coltrider
9. Father's Occupation,	Plumber
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	D. L. Williams M.D.
Address,	#254 Carroll St. (Woodberry.)
Remarks,	

Baltimore Publishing Co., City Printers and Stationers

1896 0002744

forfeit, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, by the person in charge of the case, to the Undertaker in the form of a certificate between the first and third day of each month next succeeding the birth, and by the Undertaker shall be delivered within the same time to the office of the Commissioner of Health. In case the birth of any child shall occur within the said time without the presence or attendance of a physician or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health, it shall become and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, 2 June 1896.

4. Place of Birth, (Street and Number) 242 Wilson st,

5. Full Name of Mother, Eliza D. Shriver,

6. Mother's Maiden Name, Gingluff,

7. Mother's Birthplace, Balto. City,

8. Full Name of Father, N. Courtenay Shriver (deceased)

9. Father's Occupation, Electrical Engineer,

10. Father's Birthplace, Balto. City,

Name of Medical Attendant, or other person who makes this Return. J. L. Snyder M. D.

Address, 1007 W. Fayette St

Remarks,

1 8 9 6 0 0 0 2 7 4 5

month, and shall set forth as far as it is in his or her power to ascertain the full name and occupation of its parents, the date and place of birth; and the sex and color of each child, the number of children born to the mother, and the number of children of the mother living; and the date and place of every birth which may occur hereafter, before the next return is required to be made, and whether the child was born alive or dead, and whether it was the first, second, third, or other child born to the mother; and if any child shall be born dead after the fifth month of pregnancy, the midwife, physician or other person in attendance shall make a return thereof to the Commissioner of Vital Statistics, in the manner and within the time required by this section for the return of births; and any midwife, physician or other person who shall neglect or refuse to make such return, or to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 74662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth (6th) child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 2nd 1896.
4. *Place of Birth, (Street and Number)*	Carroll Station Balto Co. Md
5. *Full Name of Mother,*	Mary E. Harris
6. *Mother's Maiden Name,*	Mary E. Reynolds
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Joseph L. Harris
9. *Father's Occupation*	Florist
10. *Father's Birthplace,*	Baltimore Co. Md
Name of Medical Attendant, or other person who makes this Return,	Addison C. Fox M.D.
Address,	1205 West Fayette Street
Remarks,	

B 7 6 0 0 0 2 7 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the ... parents, the date and place of birth, and the name and occupation of the ... in the form of a certificate between the first and third day of each and every month to ... of the Commissioner of Health. In case ... shall occur without the attendance of ... the mother and within the period above required, such ... shall immediately thereafter ... attendance upon such birth to the Commissioner of Health, and ... child to be registered. Any ... who shall neglect or refuse to comply with the provisions of this section shall be ... and upon conviction thereof ... fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Dec 2 1896
4. Place of Birth, (Street and Number) 859 Bolton
5. Full Name of Mother, Marietta
6. Mother's Maiden Name, Lizzie Hilliard
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Tyson
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. M. Emmett Williams

Address, 910 Park Ave

Remarks,

1896 0027447

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty.—Any person who shall neglect or refuse to report to the Registrar of Vital Statistics, City Hall, the date and place of birth; and the sex, color, the full name and occupation of the parents, of any child born within the City of Baltimore, after the same shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the name and residence of the physician or midwife present at the birth, in the form of a certificate between the first and third day of each and every month, which said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of the City of Baltimore, without the presence of a physician or midwife, or if there be no parent living within the limits of the City of Baltimore, then it shall become and within the period above required, and it shall be the duty of the mother, immediately thereafter, if able to do so, and if not able, then of the nearest relative present, or any person having charge of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section. And it be shall any such person or persons so offending shall, upon conviction, be liable to a fine of not less than five dollars nor more than twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable by law. Section 2. And be it further enacted, That it shall be the duty of the Commissioner of Health to furnish to the Registrar of Vital Statistics, City Hall, a sufficient number of blank schedules, in the form of a certificate between the first and third day of each and every month, which said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of the City of Baltimore, without the presence of a physician or midwife, or if there be no parent living within the limits of the City of Baltimore, then it shall become and within the period above required, and it shall be the duty of the mother, immediately thereafter, if able to do so, and if not able, then of the nearest relative present, or any person having charge of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section. And it be shall any such person or persons so offending shall, upon conviction, be liable to a fine of not less than five dollars nor more than twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable by law.

RETURN OF A BIRTH. 74664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* Blk
3. *Date of Birth,* June 2 — 96
4. *Place of Birth, (Street and Number)* Balto, Penn. alley
5. *Full Name of Mother,* Cora Wray
6. *Mother's Maiden Name,* Cora Adams
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Wray
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, (or other person who makes this Return. O. O. Simpkins M.D.

Address, Md. Gen'l Hospital

Remarks.

month, and shall set forth as far as he may be able to do so, the name, the date and place of birth; and the said Scheme shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month, and every such Scheme or certificate shall contain the like particulars of every birth which shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons shall be liable to the same penalty for failure to comply with the requirements of this section as is provided in the case of other offenses, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 74665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 2d 1896
4. Place of Birth, (Street and Number) Baltimore Md. 757 Carlisle Place.
5. Full Name of Mother, Annie E. Fox St. Ockeley
6. Mother's Maiden Name,
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, John E. Fox.
9. Father's Occupation Stuckster
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mamie Kennedy M.D. Obstetrics

Address, # 62 E George St. Baltimore

Remarks,

1896 00027 49

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, June 2/96
4. Place of Birth, (Street and Number) 1335 N. Caroline St
5. Full Name of Mother, Laura V. MacArthur
6. Mother's Maiden Name, Laura V. Daughtery
7. Mother's Birthplace, Balt. md.
8. Full Name of Father, Harry MacArthur
9. Father's Occupation Ship Builder
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr. Bartlett Md

Address, 201 N. Bond

Remarks, Born in U.S.A.

+8760002750

brent conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate between the hours of 9 and 10 o'clock of every month to the office of the Commissioner of Health, or, should no other person be in attendance upon the mother, immediately after the birth of any child born alive, and in every case where a child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, with or without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above required, with the particulars of the birth, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 3, 1896
4. Place of Birth, (Street and Number) 1616 Vincent street.
5. Full Name of Mother, Emma Rice
6. Mother's Maiden Name, Emma Rice
7. Mother's Birthplace, Calvert County
8. Full Name of Father, Willie Hutchins
9. Father's Occupation Laborer
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1615 Vincent Street

Remarks.

18960002751

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. Be it ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Returns of Births, which shall contain the name and occupation of the father, and the name and place of birth, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 3. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

CERTIFICATE OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 4. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

CERTIFICATE OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 5. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

CERTIFICATE OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 6. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

CERTIFICATE OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 7. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

CERTIFICATE OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 8. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

CERTIFICATE OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 9. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

CERTIFICATE OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 10. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

CERTIFICATE OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 11. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

CERTIFICATE OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 12. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 13. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 14. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 15. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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1. Sex, (state whether male or female)
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3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 16. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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1. Sex, (state whether male or female)
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3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 17. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 18. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 19. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 20. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 21. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 22. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 23. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 24. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 25. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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1. Sex, (state whether male or female)
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3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 26. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 27. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 28. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 29. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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1. Sex, (state whether male or female)
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3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 30. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 31. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
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3. Date of Birth,
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5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 32. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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5. Full Name of Mother,
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7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 33. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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5. Full Name of Mother,
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7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 34. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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7. Mother's Birthplace,
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Sec. 35. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
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Remarks.

Sec. 36. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

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7. Mother's Birthplace,
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4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 39. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

CERTIFICATE OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 40. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

CERTIFICATE OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Sec. 41. Be it further ordained, That the Registrar of Vital Statistics shall cause to be printed a sufficient number of blank forms of Certificates of Births, which shall contain the name, sex, color, and such other information as may be required by the Board of Health, and shall furnish the same to the Physicians, Midwives and Undertakers of the City, and to such other persons as may apply for the same. Such blank forms shall be substantially in the following form, viz:

CERTIFICATE OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

RETURN OF A BIRTH 14668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 3 June
4. *Place of Birth (Street and Number),* 8 Sparrow pt f st N 20
5. *Full Name of Mother,* Johanna Sitton
6. *Mother's Maiden Name,* E. Burke
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Neck Senton
9. *Father's Occupation,* Molder
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Female White

Address,

Remarks,

1896 0 0 0 2752

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 74669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 9 1895
4. Place of Birth, (Street and Number) 130 [illegible] York Road County
5. Full Name of Mother, Fannie Mathews
6. Mother's Maiden Name, " " Bolds
7. Mother's Birthplace, Va
8. Full Name of Father, [illegible] Mathews
9. Father's Occupation, Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, #8 Talbot St Howard

Remarks, Well

8960002753

Any midwife, physician or practioner of midwifery, or should no other person be in attendance, then the owner or agent of the house or tenement where such birth shall occur within the city, immediately thereafter, it shall become the duty of the person in charge of such house or tenement to report its birth to the Commissioner of Health, and within the period above required, and until such report is made, any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

W. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 2-6-51

RETURN OF A BIRTH. 74670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Myrtle R. Covington

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4th 1896
4. Place of Birth, (Street and Number) 1519 N. Carolina Street
5. Full Name of Mother, Effa V. Covington
6. Mother's Maiden Name, Effa V. Cole
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Kemper L. Covington
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, James D. Whitford M.D

Address, 819 N. Gilmor Street

Remarks,

B 4 6 0 0 0 2 7 5 4

being conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex. (state whether male or female)* female
2. *Race or Color. (if not of the white race)* white
3. *Date of Birth,* 4 June
4. *Place of Birth. (Street and Number)* 1336 Lansend st.
5. *Full Name of Mother,* Mary E Ward
6. *Mother's Maiden Name,* " Lonn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick Ward
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Emily M Lynn

Address, 1331 Hurst Locust Point

Remarks,

8460002755

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Every person required by law, the full name and occupation of its parents, the date and place of birth, and the name, sex, color, and number of children to whom the mother has given birth, and the number living or dead, shall within ten days after the birth, and before the third day of each and every month to the office of the Commissioner of Health, to cause the birth of first and all that occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to cause the same to be registered, and with the exception of the person or parents of such child, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4th 1896
4. Place of Birth, (Street and Number) 817 Fulton Ave
5. Full Name of Mother, Mary Ecker
6. Mother's Maiden Name, Mary Ecker
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Joseph Ecker
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Sloan

Address, 809 Lemmon St

Remarks,

1 8960002756

been collected. Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife, or other person in attendance, to the Commissioner of Health, at the time of the registration of the birth of such child. And no person shall cause the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this Section. And any person who shall refuse or neglect to comply with the provisions of this Section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color. (if not of the white race)
3. Date of Birth, June 4 '26
4. Place of Birth, (Street and Number) 1922 W. Lide St.
5. Full Name of Mother, Arlene I. Buckhead
6. Mother's Maiden Name, Frazier
7. Mother's Birthplace, Md
8. Full Name of Father, Harry E. Buckhead
9. Father's Occupation, Cattle
10. Father's Birthplace, Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. Mader L. Buck M.D.

Address, 1819 Edmondson Ave.

Remarks,

8960002757

said city shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the nurse or midwife in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and shall report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. To be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, June 4/96
4. Place of Birth, (Street and Number) 1523 N. Carey st.
5. Full Name of Mother, Mrs Jno L Barnes
6. Mother's Maiden Name, Susan Higgins
7. Mother's Birthplace, Carroll Co. Md.
8. Full Name of Father, Jno L Barnes
9. Father's Occupation Carpenter
10. Father's Birthplace, Carroll Co Md.

Name of Medical Attendant, or other person who makes this Return. E. A. Smith M. D.

Address, 2508 E. Penna. Ave.

Remarks,

1896 00 2758

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been conferred) its sex, color, the full name and occupation of its father, if living, and the place of birth of each, the first and maiden name of its mother, in the form of a certificate like that which is to be signed by the Attending Physician or Midwife, and delivered to the Commissioner of Health. He shall no other person be in said schedule shall be delivered, duly signed by the Attending Physician or Midwife, or by the person or parent of such child to report its birth as aforesaid, and within the period above specified, shall be subject to the same penalties as are provided for the neglect of the Physician or Midwife to report the birth of any child. Any such person offending shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1st 96
4. Place of Birth, (Street and Number) 1608 Harwuth St.
5. Full Name of Mother, Winifred Hagan
6. Mother's Maiden Name, Winifred Dilts
7. Mother's Birthplace, Maryland
8. Full Name of Father, Jas. Edw. Hagan
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, T. K. Galloway M.D.

Address, 918 E Lanvale St.

Remarks,

1896 U 0002759

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report the same within ten days after the occurrence thereof to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 74676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4th 1896
4. Place of Birth, (Street and Number) No 2 Randall st.
5. Full Name of Mother, Katie Lentz
6. Mother's Maiden Name, Hatfield
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry A. Lentz
9. Father's Occupation Workman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schmartz

Address, 737 E Fort Ave. Balto

Remarks,

8 9 6 8 5 0 2 7 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full names, occupation of its parents, the date and place of birth; and the said schedule shall be certified by the practitioner in the form of a certificate between each birth; and if any child shall occur without the attendance of a physician or midwife, the duty of such attendance upon the mother, immediately after the birth of such child, shall devolve upon the householder or other person having charge of the house in which such birth shall occur, who shall report the birth as required of midwives in this section. And any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, June 5 1896
4. Place of Birth, (Street and Number) 1738 E. Lombard
5. Full Name of Mother, Mary E. Ellis
6. Mother's Maiden Name, " " Shields
7. Mother's Birthplace, B. C.
8. Full Name of Father, James H. Ellis
9. Father's Occupation, Brick Maker
10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return. Geo. L. Wilkins

Address, 6 N. Broadway

Remarks,

8960002761

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 74678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5 - 1896
4. Place of Birth, (Street and Number) 433 E. La Fayette Ave
5. Full Name of Mother, Marian Dryden
6. Mother's Maiden Name, Marian Wetherill
7. Mother's Birthplace, Harford Co Md
8. Full Name of Father, Robt L. Dryden
9. Father's Occupation, Telegrapher
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Prof Chatinover

Address, 211 W. Monument

Remarks, Chatinover. No trouble

18960002762

...been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the physician or midwife in attendance upon the mother, immediately thereafter, in the manner and within the period above required; and in case there is no physician or midwife in attendance at the birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 74679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and s[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 5. June.
4. Place of Birth, (Street and Number) N 1430. Gouch Street.
5. Full Name of Mother, Magie Zeller.
6. Mother's Maiden Name, Magie Champner.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Zeller.
9. Father's Occupation Shoefitter.
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mary Kloss. N 9. N. Wolfe St.

Address,

Remarks,

1 8 9 6 0 0 0 2 7 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, June the 5 1896
4. Place of Birth, (Street and Number) Hamburg st No 134
5. Full Name of Mother, Lizzy Walker
6. Mother's Maiden Name, Lizzy Thomis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, richard thomis
9. Father's Occupation labour
10. Father's Birthplace, Harisburg virginia

Name of Medical Attendant, or other person who makes this Return Sarah Jane Morrison

Address, 124 west Hurley st

Remarks, full 9 months

1 8 9 6 0 0 0 2 7 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person, such attendance upon the mother, immediately thereafter, it shall become the duty of the said mother, if able, within the period above required, and child to report its birth to the Commissioner, and any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 5th 1896

4. Place of Birth, (Street and Number) 9 E. Fort Ave.

5. Full Name of Mother, Florence A. V. Stanley

6. Mother's Maiden Name, " " Hubbard

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, William Stanley

9. Father's Occupation Clerk

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Dr. J. C. Schmidt M.D.

Address, 158 Riverside Ave

Remarks,

1896 U 02765

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the physician or midwife in attendance at the birth, if any, and if there was no physician or midwife in attendance, then the name and residence of the person who shall have been present at the birth, or who shall have had the charge of such child, shall cause a return thereof to be made and delivered, within the period above stated, to the office of the Commissioner of Health, in the manner and within the period above specified, and in default thereof, every person required by this section to report the birth of any child shall forfeit and pay the sum of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 1st

1. *Sex,* (*state whether male or female*) Male.
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* June 5th 96.
4. *Place of Birth,* (Street and Number) 114 – W– Franklin St.
5. *Full Name of Mother,* Lilly B. Baugher Chisolm.
6. *Mother's Maiden Name,* Lilly B. Baugher.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Francis Miles Chisolm.
9. *Father's Occupation.* Physician.
10. *Father's Birthplace,* Charleston S C

Name of Medical Attendant, or other person who makes this Return. Robt. T. Wilson M.D.

Address, 814 & 820 Park Av.

Remarks,

~~1 8 9 6 U 0 0 2 7 6 6~~

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6th 1896
4. Place of Birth, (Street and Number) 1634 Alice Anna Street
5. Full Name of Mother, Kate Gluck
6. Mother's Maiden Name, Kate Hechenroder
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Gluck
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Lenz midwife

Address, 1539 Alice Anna Street

Remarks,

+ 8 7 6 U 0 0 2 7 6 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred; its sex, color, the full name and occupation of its parents, the number of births and deaths of children to the parents, and the date of birth; that the certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required by this section to make such return, then the undertaker who shall be employed to bury such child shall become the duty of the person above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required by this section to make such return, then the undertaker who shall be employed to bury such child shall become the duty of the person above required, and attendance upon such birth to the Commissioner of Health, in the manner and within the time above specified. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 6th.
4. *Place of Birth, (Street and Number)*	#2022 Essex st.
5. *Full Name of Mother,*	Rosa Thye.
6. *Mother's Maiden Name,*	Rosa Byer.
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Nicolas Byer.
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	#247 S. Chester
Remarks,	

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics; and no other person be in attendance upon the mother immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report, as aforesaid, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 74685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, June 6. 96

4. Place of Birth, (Street and Number) 606 E. Lombard St.

5. Full Name of Mother, Mrs. Cornelia Annie Kyser Thomas

6. Mother's Maiden Name, Lip " Kyser

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Dennis Thomas Lewis Thomas

9. Father's Occupation Musician

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, G. G. Lingle

Address, 2006 E. Balt. St.

Remarks, Forceps delivery

8960002769

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Collector is not to issue more than one certificate in the form of a certificate between the first and third day of each and every month to a physician or practioner of midwifery, or should no other person be in said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such house to report its birth to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 74686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, June 6/96
4. Place of Birth, (Street and Number) Stephens Ct.
5. Full Name of Mother, Mrs Jno. F. Yingling
6. Mother's Maiden Name, Mary D. Inkage
7. Mother's Birthplace, Germany
8. Full Name of Father, Jno. F. Yingling
9. Father's Occupation Shoemaker
10. Father's Birthplace, Balto Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. C. Smial M.D.

Address, 2505 Penna Ave.

Remarks,

1896U002770

Wm. J. C. Dulany Co., City Printers and Stationers.

mon by law, to report the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered monthly to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 6
4. Place of Birth, (Street and Number) 555 W Biddle st
5. Full Name of Mother, Annie Le Simms
6. Mother's Maiden Name, West River
7. Mother's Birthplace, Robert Young
8. Full Name of Father, River in stone
9. Father's Occupation, Baltimore Md
10. Father's Birthplace, Lewis Cornish

Name of Medical Attendant, or other person who makes this Return, 1134 Shield Alley near Dolphin st

Address,

Remarks,

1896 U D 2771

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the city, or the person or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) male Child
2. Race or Color, (if not of the white race) Colord Child
3. Date of Birth, June 6. 1896.
4. Place of Birth, (Street and Number) 307 N. Bruce St.
5. Full Name of Mother, Manta Saunders age 28
6. Mother's Maiden Name, Manta Saunders
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, W. H. Saunders age 35.
9. Father's Occupation, Common labor
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, A Was Council. Acid.

Address, 412. Parrish, al. Balto. City.

Remarks,

B 9 6 U 0 0 2 7 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Each certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person in charge or attendance upon the mother immediately after the birth, or the father or mother of such child, is hereby required to report the same to the Commissioner of Health, in the manner and within the period above required, and shall make out the certificate of birth as above directed. All persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 6th, 896
4. *Place of Birth, (Street and Number)*	615 Bayview Av
5. *Full Name of Mother,*	Annie Friebel
6. *Mother's Maiden Name,*	Fisher
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Friebel
9. *Father's Occupation*	Cigar Maker
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other person who makes this Return,	J Harvey Hill MD
Address,	807 N. Gilmor St
Remarks,	

8960 02773

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th of June
4. *Place of Birth, (Street and Number)* No. 1438 Fawn St.
5. *Full Name of Mother,* Annie Ruechel
6. *Mother's Maiden Name,* " Gastner
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Gustav Ruechel
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. Lizzie Schaeffer

Address, 1707 E. Fayette Ave Locust Point

Remarks,

8460002774

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after such birth, and before the interment of the body of the child, by the physician or midwife in attendance, and in case there shall be no physician or midwife in attendance, then by the father of such child, or the householder of the house in which such birth occurs, or the owner of such house, or the agent of such owner, or the person having charge of such house, or the mother of such child, or the nurse in attendance upon the mother, or the coroner, or the undertaker who shall first be informed of such birth, or the sexton or person in charge of the burial ground or place of interment in which the body of such child shall be interred, which report shall be made in writing, and shall state the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 74691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth* June 6 1896
4. *Place of Birth, (Street and Number)* 300 3½ Cetty
5. *Full Name of Mother,* Sardane Graham
6. *Mother's Maiden Name,* Sardane Scott
7. *Mother's Birthplace,* Colbet Corine Va MD
8. *Full Name of Father,* Sam Graham
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Glostel County ~~MD~~ Va

Name of Medical Attendant, or other person who makes this Return. Darker Jane Grah

Address, 310 3½ St Cetty

Remarks,

1896U002775

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male Henry 8/12/26
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday June 6/26
4. Place of Birth, (Street and Number) 911 S Spring Ave
5. Full Name of Mother, Tobie Shek
6. Mother's Maiden Name, Tobie Rosenberg
7. Mother's Birthplace, Lithuania R.
8. Full Name of Father, Abraham Shirsk
9. Father's Occupation, Tayler
10. Father's Birthplace, Lithuania R.

Name of Medical Attendant, or other person who makes this Return.

Address, Yetta Glassman 1926 Linwood Ave

Remarks, City

18960002775

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or shall to no other person be in attendance upon the mother, shall hereafter fail to comply with the provisions of this section shall forfeit and pay any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 6" 1896

4. Place of Birth, (Street and Number) 1632 Penna. Ave.

5. Full Name of Mother, Annie Hall

6. Mother's Maiden Name, Annie Reed

7. Mother's Birthplace, Chambersburg Pa

8. Full Name of Father, James Hall

9. Father's Occupation Salesman

10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Thomas J Talbott MD

Address, 2532 Penna Ave

Remarks,

8960002777

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. June 6th 1896
4. Place of Birth, (Street and Number) 236 E. Cross St
5. Full Name of Mother, Florence E. Thomas
6. Mother's Maiden Name, Florence E. Long
7. Mother's Birthplace, Talbot county, Md
8. Full Name of Father, William H. Thomas
9. Father's Occupation, Engineer
10. Father's Birthplace, Dorchester county, Md

Name of Medical Attendant, or other person who makes this Return, Ellenora A. Anderson

Address, 1434 Patapsco, Dr

Remarks,

1896 U 002778

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In Case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday June 7/26
4. Place of Birth, (Street and Number) 1116 E Fayette St
5. Full Name of Mother, Fannie Fisher
6. Mother's Maiden Name, Fannie Berman
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Fisher
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return,

Address, Yetta Klamanders

Remarks, 1022 E Lombard St

8960002779

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate as to the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in charge of such child to report the birth immediately thereafter. It shall become the duty of the person or persons in charge of the mother, immediately after the birth of such child, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the [illegible] name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74696

GIVEN NAME ADDED 8/16/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rosalie Berry Tubman, Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* F
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7/96
4. *Place of Birth, (Street and Number)* 1125 Bal av
5. *Full Name of Mother,* Daisy Berry Tubman
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Sam'l Tubman
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. C K Gamble MD

Address, 928 Cathedral

Remarks,

8-96-002780

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 8th 1896
4. Place of Birth, (Street and Number) 410 Hoffman Street, West
5. Full Name of Mother, Marion Dietz
6. Mother's Maiden Name, Marion Dietz
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Charles Jones
9. Father's Occupation Teamster
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, M. Magdalene Warner, M.D.

Address, 410 Hoffman Street, West

Remarks,

1896 000278 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 3. And be it further ordained, That the full name and occupation of the parents, the date and place of birth, and the sex, color, and number of each child of every female who shall hereafter be delivered, shall be registered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, or oftener if required by the Commissioner of Health. And no midwife or other person shall occur without the attendance of a physician or certificated midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such other person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

53.]

RETURN OF A BIRTH. 74698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 8th 1896.

4. *Place of Birth, (Street and Number)* #2216 Essex St. Baltimore

5. *Full Name of Mother,* Mary Donnan

6. *Mother's Maiden Name,* Mary Stukie

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* James A. Donnan.

9. *Father's Occupation* Labour.

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M Taylor

Address, # 611 S. Patterson Pk. Ave.

Remarks,

18960002782

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 74699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8. "96
4. Place of Birth, (Street and Number) 1216 Jackson St
5. Full Name of Mother, Marguritte Jusek
6. Mother's Maiden Name, Marguritte Reichel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas M Jusek
9. Father's Occupation, Jeweler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. W. Clyde Barnes, M.D.

Address, 1126 E. Fayette St

Remarks,

month, sex, color, the full name and occupation of its parents, the date and place of birth; and the said return shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month thereafter. It shall become the duty of the person or parents of such child to cause the birth of any child to be registered, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

8960002763

RETURN OF A BIRTH 74700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 6th, 1896
4. *Place of Birth, (Street and Number)* 1416 Division Street
5. *Full Name of Mother,* Correna Muller
6. *Mother's Maiden Name,* Correna Smith
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Hermann Muller
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* France

Name of Medical Attendant, or other person who makes this Return. M. Magdalene Warner, M.D.

Address, 410 Hoffman Street, West City

Remarks,

B 760 0 0 2 7 8 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said physician shall be required, duly signed by the practitioner in the form of a certificate between the first and third visits of each attendance upon the mother, immediately thereafter, to report to the Commissioner of Health, in the manner and within the period above required, and shall also report the death of any such child, if the death occurs without the attendance of a physician or practitioner of midwifery, or should the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should the mother not require his attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and such report shall in addition to the facts required to be reported by physicians, midwives or others, contain the name and residence of the physician last in attendance upon the mother, and any person who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 74701

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6 1896
4. Place of Birth, (Street and Number) Yarrough St
5. Full Name of Mother, Lizzie Trap
6. Mother's Maiden Name. Lizzie Talbert
7. Mother's Birthplace, Jersey City
8. Full Name of Father, Matthias Trap
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore. Md

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1407 Nicholson St City

Remarks,

8960002785

Said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month. Blanks for the same will be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of healing, it shall be the duty of the person in attendance upon the mother, immediately thereafter it shall become the duty of the person so in attendance, to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-12-55

RETURN OF A BIRTH.

14 702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Merle Martinet

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7th 1896
4. Place of Birth, (Street and Number) 401 E. Biddle St Balto.
5. Full Name of Mother, Priscilla Osborne Leicht
6. Mother's Maiden Name, Priscilla Osborne
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, Samuel G Leicht
9. Father's Occupation Contractor.
10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return. J. F. Martinet M.D.

Address, 1711 Carrollton St. Balto Md.

Remarks.

Please excuse this form report I have no other.

8900000 Balto. J. Martinet

Wm. J. C. Dulany Co., City Printers and Stationers.

PHOTOSTAT

RETURN OF A BIRTH. 74703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th 1896
4. Place of Birth, (Street and Number) 932 W. Baare St
5. Full Name of Mother, Louisa Kamm
6. Mother's Maiden Name, Louisa Engelhart
7. Mother's Birthplace, Germany
8. Full Name of Father, George Kamm
9. Father's Occupation Carpenter
10. Father's Birthplace, Washington City D.C.

Name of Medical Attendant, or other person who makes this Return, Theodore Gorks M.D.

Address, 914 N. Chas St.

Remarks,

8 9 6 8 5 0 2 7 8 7

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Every birth occurring within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics within ten days thereafter, and the certificate shall state the name, sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health. In case the birth occurs in a hospital, or other institution, the person in charge thereof shall report the birth of any child born therein, and in case the birth occurs elsewhere than in a hospital or other institution, the physician or midwife in attendance shall report the birth of such child. Or, should no other person be in attendance, the parent or parents of such child shall report the birth. Every physician or midwife who shall neglect to report the birth of any child born after the passage of this ordinance, shall be guilty of a misdemeanor, and shall, on conviction thereof, be fined not less than five dollars nor more than twenty dollars for each offence. In the case of the absence of the physician or midwife, the duty of the person or parents required to report the birth shall become the duty of the person or parents next named in this section. The certificate required to be made by the parent or parents, and shall occur without the limits of Baltimore City, but the child or parents thereafter shall reside within the limits of Baltimore City, the certificate required to be made by the parent or parents, and shall be made within ten days after such residence is established. In the manner and within the time specified in this section, shall be submitted to the Commissioner of Health, who shall issue a permit for burial or removal. Any person who shall neglect or refuse to perform any duty required of him by this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 8th 1896
4. Place of Birth, (Street and Number) Home
5. Full Name of Mother, Ellen Bradley
6. Mother's Maiden Name, Ellen Young
7. Mother's Birthplace, Co. Md.
8. Full Name of Father, Henry Bradley
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return. Cordelia Howard

Address, 1110 N. Chapel St

Remarks,

18960002788

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been conferred; its sex, color, the full name and occupation of its parents, the date and place of its birth, and the number of children born to the mother, including the child reported, and the number of such children now living; and if the child reported be illegitimate, the name of the father shall be given only upon the written request of the mother. Such certificate shall be made between the first and third day of each and every month, to the office of the Commissioner of Health, in the manner and within the time required, and said schedule shall be delivered, duly signed, to the person calling for the same. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of the person or parents required, and all persons within the house at the time, to report such birth, as in this section provided, shall become the duty of the person in charge of the house, or of the nearest relative of the child within the city limits, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th, 1896
4. Place of Birth, (Street and Number) 410 Hoffman Street, Md.
5. Full Name of Mother, Emma A. Hunt
6. Mother's Maiden Name, Emma A. Hunt
7. Mother's Birthplace, Baltimore County, Md.
8. Full Name of Father, Charles Henry Lewis Bull
9. Father's Occupation Unable to work
10. Father's Birthplace, Baltimore County, Md.

Name of Medical Attendant, or other person who makes this Return. M. M. Warner

Address,

Remarks. The father has consumption for quite a number of years.

1896 U 002789

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month, and Parish as the child is by the same can be ascertained. Every person having charge of any child required by this section to be registered, shall report to the Commissioner of Health the date and place of birth; and the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the physician or practitioner in the form of a certificate between the first and third days of each and every month, and the said schedule shall be delivered, duly filled out, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex, (state whether male or female)* Girl and Boy

2. *Race or Color, (if not of the white race)* Colored.

3. *Date of Birth,* Monday - June 8th 1896.

4. *Place of Birth, (Street and Number)* McDonnell's Court.

5. *Full Name of Mother,* Julia A. Mathews

6. *Mother's Maiden Name,* Julia A. Conners

7. *Mother's Birthplace,* Richmond County, Va

8. *Full Name of Father,* Richard Mathews

9. *Father's Occupation* Back yard

10. *Father's Birthplace,* Ackandale, Va.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Champ,

Address, x 530 Rogers Avenue. Balti Md

Remarks,

1 8 9 6 0 0 0 2 7 9 0

... sex, ... the ... duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th 1896
4. Place of Birth, (Street and Number) 1710 Eden Ste Ave
5. Full Name of Mother, Elizabeth Shireman
6. Mother's Maiden Name, Elizabeth Meyer
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Shireman
9. Father's Occupation Beer Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mr Brune

Address, 1610 N. Chester

Remarks,

8460002791

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Be it enacted by the General Assembly of Maryland, That the Board of Health of Baltimore City shall cause the following blank forms to be printed, and shall furnish the same to the Registrar of Vital Statistics, and to the Clerk of the Orphans' Court of Baltimore City, and to the Clerk of the Circuit Court for Baltimore City, and to the Clerk of the Superior Court of Baltimore City, and to the Clerk of the Court of Common Pleas of Baltimore City, and to the Clerk of the Criminal Court of Baltimore City, and to the Clerk of the Court of Appeals of Baltimore City, and to the Clerk of the Court of Appeals of Maryland, and to the Clerk of the Court of Appeals of the United States, and to the Clerk of the Court of Appeals of the District of Columbia, and to the Clerk of the Court of Appeals of the Territory of Alaska, and to the Clerk of the Court of Appeals of the Territory of Hawaii, and to the Clerk of the Court of Appeals of the Territory of Porto Rico, and to the Clerk of the Court of Appeals of the Territory of the Philippine Islands, and to the Clerk of the Court of Appeals of the Territory of Guam, and to the Clerk of the Court of Appeals of the Territory of Samoa, and to the Clerk of the Court of Appeals of the Territory of the Virgin Islands, and to the Clerk of the Court of Appeals of the Territory of the Canal Zone, and to the Clerk of the Court of Appeals of the Territory of the Panama Canal Zone, and to the Clerk of the Court of Appeals of the Territory of the Panama Canal Zone and Adjacent Islands, and to the Clerk of the Court of Appeals of the Territory of the Panama Canal Zone and Adjacent Islands and Waters, and to the Clerk of the Court of Appeals of the Territory of the Panama Canal Zone and Adjacent Islands and Waters and Airspace, and to the Clerk of the Court of Appeals of the Territory of the Panama Canal Zone and Adjacent Islands and Waters and Airspace and Submerged Lands, and to the Clerk of the Court of Appeals of the Territory of the Panama Canal Zone and Adjacent Islands and Waters and Airspace and Submerged Lands and Natural Resources, and to the Clerk of the Court of Appeals of the Territory of the Panama Canal Zone and Adjacent Islands and Waters and Airspace and Submerged Lands and Natural Resources and Fisheries, and to the Clerk of the Court of Appeals of the Territory of the Panama Canal Zone and Adjacent Islands and Waters and Airspace and Submerged Lands and Natural Resources and Fisheries and Wildlife, and to the Clerk of the Court of Appeals of the Territory of the Panama Canal Zone and Adjacent Islands and Waters and Airspace and Submerged Lands and Natural Resources and Fisheries and Wildlife and Forests, and to the Clerk of the Court of Appeals of the Territory of the Panama Canal Zone and Adjacent Islands and Waters and Airspace and Submerged Lands and Natural Resources and Fisheries and Wildlife and Forests and Parks, and to the Clerk of the Court of Appeals of the Territory of the Panama Canal Zone and Adjacent Islands and Waters and Airspace and Submerged Lands and Natural Resources and Fisheries and Wildlife and Forests and Parks and Recreation, and to the Clerk of the Court of Appeals of the Territory of the Panama Canal Zone and Adjacent Islands and Waters and Airspace and Submerged Lands and Natural Resources and Fisheries and Wildlife and Forests and Parks and Recreation and Historic Sites, and to the Clerk of the Court of Appeals of the Territory of the Panama Canal Zone and Adjacent Islands and Waters and Airspace and Submerged Lands and Natural Resources and Fisheries and Wildlife and Forests and Parks and Recreation and Historic Sites and Monuments, and to the Clerk of the Court of Appeals of the Territory of the Panama Canal Zone and Adjacent Islands and Waters and Airspace and Submerged Lands and Natural Resources and Fisheries and Wildlife and Forests and Parks and Recreation and Historic Sites and Monuments and Archaeological Sites, and to the Clerk of the Court of Appeals of the Territory of the Panama Canal Zone and Adjacent Islands and Waters and Airspace and Submerged Lands and Natural Resources and Fisheries and Wildlife and Forests and Parks and Recreation and Historic Sites and Monuments and Archaeological Sites and Paleontological Sites, and to the Clerk of the Court of Appeals of the Territory of the Panama Canal Zone and Adjacent Islands and Waters and Airspace and Submerged Lands and Natural Resources and Fisheries and Wildlife and Forests and Parks and Recreation and Historic Sites and Monuments and Archaeological Sites and Paleontological Sites and Geological Sites, and to the Clerk of the Court of Appeals of the Territory of the Panama Canal Zone and Adjacent Islands and Waters and Airspace and Submerged Lands and Natural Resources and Fisheries and Wildlife and Forests and Parks and Recreation and Historic Sites and Monuments and Archaeological Sites and Paleontological Sites and Geological Sites and Mineral Resources, and to the 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Adoption and Name Change and Gender Change and Religion and Politics and Philosophy and Science and Technology and Art and Literature and Music and Dance and Theater and Film and Television and Radio and Internet and Social Media and Blogging and Podcasting and Vlogging and Streaming and Gaming and Esports and Virtual Reality and Augmented Reality and Artificial Intelligence and Machine Learning and Blockchain and Cryptocurrency and Non-Fungible Tokens and Metaverse and Web3 and Quantum Computing and Biotechnology, and to the Clerk of the Court of Appeals of the Territory of the Panama Canal Zone and Adjacent Islands and Waters and Airspace and Submerged Lands and Natural Resources and Fisheries and Wildlife and Forests and Parks and Recreation and Historic Sites and Monuments and Archaeological Sites and Paleontological Sites and Geological Sites and Mineral Resources and Energy Resources and Water Resources and Air Resources and Soil Resources and Vegetation and Animal Life and Human 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and Parks and Recreation and Historic Sites and Monuments and Archaeological Sites and Paleontological Sites and Geological Sites and Mineral Resources and Energy Resources and Water Resources and Air Resources and Soil Resources and Vegetation and Animal Life and Human Life and Death and Birth and Marriage and Divorce and Adoption and Name Change and Gender Change and Religion and Politics and Philosophy and Science and Technology and Art and Literature and Music and Dance and Theater and Film and Television and Radio and Internet and Social Media and Blogging and Podcasting and Vlogging and Streaming and Gaming and Esports and Virtual Reality and Augmented Reality and Artificial Intelligence and Machine Learning and Blockchain and Cryptocurrency and Non-Fungible Tokens and Metaverse and Web3 and Quantum Computing and Biotechnology and Nanotechnology and Robotics and Space Exploration and Time Travel, and to the Clerk of the Court of Appeals of the Territory of the Panama Canal Zone and Adjacent Islands and Waters and Airspace and Submerged Lands and Natural Resources and Fisheries and Wildlife and Forests and Parks and Recreation and Historic Sites and Monuments and Archaeological Sites and Paleontological Sites and Geological Sites and Mineral Resources and Energy Resources and Water Resources and Air Resources and Soil Resources and Vegetation and Animal Life and Human Life and Death and Birth and Marriage and Divorce and Adoption and Name Change and Gender Change and Religion and Politics and Philosophy and Science and Technology and Art and Literature and Music and Dance and Theater and Film and Television and Radio and Internet and Social Media and Blogging and Podcasting and Vlogging and Streaming and Gaming and Esports and Virtual Reality and Augmented Reality and Artificial Intelligence and Machine Learning and Blockchain and Cryptocurrency and Non-Fungible Tokens and Metaverse and

RETURN OF A BIRTH. 74708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7th 1896
4. Place of Birth, (Street and Number) 16 328 S. Poppleton St
5. Full Name of Mother, Mary A Hardy
6. Mother's Maiden Name, Mary A Muntaugh
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, William H Hardy
9. Father's Occupation, Assit Engineer Fire Dept
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Miss Catherine Cross

Address, 660 W Saratoga St

Remarks,

18960002792

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate between the first and last lines of each; and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately after the birth, or should no other person be in shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 74709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Catharine Regina Schomann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (7th) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9th 1896
4. Place of Birth, (Street and Number) 1028 W. Lombard st
5. Full Name of Mother, Annie (Regina) Schomann
6. Mother's Maiden Name, Annie Regina Kneer
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Charles Albert Schomann
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, J. D. Hammann

Address, 621 N. Carrollton Avenue

Remarks.

8960002793

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Every physician or midwife in attendance upon a birth, and the father, mother, householder or other person having knowledge of the facts, shall report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time and in the manner prescribed by the Board of Health, and in default of such report by a physician or midwife, he or she shall forfeit the sum of ten dollars; and in default of such report by the father, mother, householder or other person, he or she shall forfeit the sum of five dollars. Every physician or midwife in attendance upon the mother, immediately after the birth, in the manner and within the period above required, shall report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the full name and occupation of its parents, the date and place of birth, and the sex, color, and number of children born to the mother, and whether the child was born alive or dead, and if dead, whether it was still-born or died during birth; and the said schedule shall be delivered, duly filled out, to the practitioner in the form of a certificate between the third day of each and every month after the birth of such child, and in case no such child shall have been born during the month, then a report to that effect shall be made. Every physician or midwife in attendance upon a birth shall before the expiration of the third day after the birth, become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: George J. ~~Gaithart~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 9. June. 1896
4. Place of Birth, (Street and Number) N. 24. Central Ave.
5. Full Name of Mother, Bregide (Wilhard) Gaithart
6. Mother's Maiden Name, Bregide Schütz.
7. Mother's Birthplace. Germany.
8. Full Name of Father, Mikael (Michael) Gaithart
9. Father's Occupation Labourman.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mary Theas.

Address, N. 9. A. Wolfe. St.

Remarks.

8460002794

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Births must be registered within ten days after the same occur, and it is made the duty of the parents, or in case of their absence from the city, of the physician or midwife in attendance, to report the date and place of birth, and the name, sex, color, and full name and occupation of parents, to the Registrar of Vital Statistics, in the form of a certificate between the hours of 9 A. M. and 4 P. M. at the office of the Commissioner of Health, in the City Hall. In case the birth occurs in a hospital, institution or boarding house, no other person be required to report said birth than the superintendent or manager thereof. In case the child shall die before a certificate of birth shall have been made, then the undertaker or person acting as such shall report the birth to the Commissioner of Health, in the manner and within the period above required, and shall also report the death of such child, stating the cause thereof, in the manner and within the period above required, and the Commissioner of Health shall issue a certificate of birth and death, for which no fee shall be charged. The physician or midwife in attendance upon the mother, immediately thereafter, shall report to the Commissioner of Health the birth of such child, and the Commissioner of Health shall issue a certificate of birth, for which no fee shall be charged. Any physician or midwife who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, and any such person or persons who shall refuse or neglect to report the births and deaths required by this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race) W
3. Date of Birth, June 9
4. Place of Birth, (Street and Number) 915 Valley St
5. Full Name of Mother, Mary Callaran
6. Mother's Maiden Name, Martin
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Callaran
9. Father's Occupation Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Henry Stoner

Address, 702 Fremont Ave

Remarks, 0

18 76 00027 95

and shall set forth as far as the same can be ascertained, the full name of each child, if any, that have been born alive of such mother, the sex and color of such child, the date and place of birth of the first and each succeeding child, the full name and occupation of the father, and such other information in the form of a certificate as the Commissioner of Health may require. The return of the birth of any child shall be delivered, duly signed, to the office of the Commissioner of Health, and no other person shall receive a certificate for burial of such child, or permit the burial thereof, until the return of such birth shall have been delivered to the Commissioner of Health. It shall be the duty of the person or persons present at the birth of any child in any city of each and every month of a physician or practitioner of midwifery, and in the absence of such attendance upon the mother, immediately thereafter, in the manner and within the period of time as shall occur without the limits of such city, it shall become the duty of the person or persons present at the birth to the Commissioner of Health to comply with the provisions of this section, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other forms and forfeitures are recoverable.

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RETURN OF A BIRTH. 74712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required by law, and in accordance with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white jewish
3. Date of Birth, 10 of June 96
4. Place of Birth, (Street and Number) 127½ Harrison st.
5. Full Name of Mother, Fanny Abramsone
6. Mother's Maiden Name, Fanny Lineberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Isac Abramson
9. Father's Occupation, Pants tailor
10. Father's Birthplace, Sedlova Russia

Name of Medical Attendant, or other person who makes this Return, Eva Cohn

Address, No. 137½ Harrison corner Lexington st.

Remarks, Mother and child are very well

0 4 6 0 0 2 7 9 6

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Over

RETURN OF A BIRTH. 74713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: ~~Charles Eggerton~~ Ball

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) ~~Wht.~~ Male
2. Race or Color, (if not of the white race) Wht
3. Date of Birth, June 10/96
4. Place of Birth, (Street and Number) 1602 Baker St.
5. Full Name of Mother, Mrs Chas Ball
6. Mother's Maiden Name, Isabelle Barnitz
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Chas. Ball
9. Father's Occupation Brakeman
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, C. A. Smith M.D.

Address, 2505 Penna. Av.

Remarks, Father was killed on cars about 4 mo. ago. at Chas St Bridge.

1896000002797

Health. This schedule shall contain a list of the births which have occurred [illegible] (if any shall have month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 74714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday June 10th 96 11:40 Pm.
4. Place of Birth, (Street and Number) 1405 Mosher St
5. Full Name of Mother, Grace Davis
6. Mother's Maiden Name, Grace Force
7. Mother's Birthplace, Hagerstown
8. Full Name of Father, Walter W. Davis
9. Father's Occupation Electrician
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, A. S. Mackey M.D.

Address, 112 W. Mulberry St Balto

Remarks, 2nd

1 8 9 6 0 0 0 2 7 9 8

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of such person be in said city without the attendance of a physician or practitioner or the said certificate be not delivered by such attendant within the period above required, it shall be the duty of the person or the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of not less than five dollars nor more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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CERTIFICATE CORRECTED 3-2-51

RETURN OF A BIRTH. 74715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Emily ~~Brooke~~ 2cd

No. of Child of Mother, (state whether ~~1st~~ 2d, ~~3d~~, &c.) 2 cd

1. *Sex*, (state whether ~~male or~~ female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, June 10th 1896
4. *Place of Birth*, (Street and Number) 537 W Lee St
5. *Full Name of Mother*, Eliza Brooks Brooke
6. *Mother's Maiden Name*, Eliza Meekins
7. *Mother's Birthplace*, Maryland
8. *Full Name of Father*, George W. Brooks Brooke
9. *Father's Occupation* Bank Janitor
10. *Father's Birthplace*, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Theodore Cook M.D.

Address, 914 N. Charles St. City

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date of its birth, certificate between the first and said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child third day of each and every month, and in default thereof, or should no other person be in shall occur within the limits of a city or town in which there is a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and it shall be the duty of the person last required to say such person or persons shall forfeit and pay a sum not less than two dollars nor more than fifty dollars, subject to the discretion of the court, for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896 0502799

RETURN OF A BIRTH. 74716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Col

3. Date of Birth, 10th

4. Place of Birth, (Street and Number) 1620 E Eutaw st

5. Full Name of Mother, Clara Lucy Black

6. Mother's Maiden Name, Clara A Pinkard

7. Mother's Birthplace, Frederick County

8. Full Name of Father, George Willis

9. Father's Occupation, Waiter Servant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Rawlins

Address, 1610 Vincent st

Remarks,

Been completed in sex, color, date of birth and description of parent in the form of a certificate between the first and fifth days of each and every month to the officer or practioner of midwifery, or should no other person be in attendance upon such birth, to the Commissioner of Health, by the person with whom the parents of such child shall occur without the attendance of a physician or midwife, and within the period above required, and shall deliver, immediately thereafter, it shall become the duty of the nurse in attendance upon such birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 74717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 10th 1896
4. Place of Birth, (Street and Number) 2134 Druid Hill Ave
5. Full Name of Mother, Emma Donahue
6. Mother's Maiden Name, Hise
7. Mother's Birthplace, Phila
8. Full Name of Father, Bernard Donahue
9. Father's Occupation, Liquor Dealer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Geo B Reynolds M.D.

Address, 711 N Calvert St

Remarks, Full name - Martin Gregory Donahue

1896002801

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been conferred) its sex; color; the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of her child, it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, [illegible] its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color. (if not of the white race)* White
3. *Date of Birth,* 10th of June
4. *Place of Birth, (Street and Number)* No 33 Burgd St
5. *Full Name of Mother,* Caroline Pipkan
6. *Mother's Maiden Name,* " Stahalti
7. *Mother's Birthplace,* West Preusen Germania
8. *Full Name of Father,* Frank Pipkan
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* West Preusen Germania

Name of Medical Attendant, or other person who makes this Return. Mrs Lizzie Schaeffler

Address, 1103 E. Fore Ave L. P.

Remarks,

1896000002802

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 11th June 1896
4. Place of Birth, (Street and Number) 115 Perry Street Balto Md
5. Full Name of Mother, Mary L Young
6. Mother's Maiden Name, Mary L Wilson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Edward N Young
9. Father's Occupation Porter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ella Jackson

Address, 126 Perry Street

Remarks,

B V 8 U 0 0 2 8 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Duties of Informants.—It is made the duty of the father of the child, if present, and if absent, of the mother, of the occupier of the house in which the birth shall take place, and of every person present at the birth, to report the same, and the full name and occupation of its parents, the date and place of birth; and the name conferred (if any) on the child, to the Registrar of Vital Statistics, within the first and fifth days of each and every month, to the office of the Commissioner of Health. In case the father, mother, occupier of the house, or other person be in default for the first report, it shall be the duty of each and every person who shall thereafter fail to comply with the provisions of this section, after the first five days shall have elapsed, to report the same to the Commissioner of Health, in the manner and within the period above required, and shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Wht
3. *Date of Birth,*	June 11 96
4. *Place of Birth, (Street and Number)*	1354 W. North Ave.
5. *Full Name of Mother,*	Mrs. Henry Hoffer
6. *Mother's Maiden Name,*	Annie Heatman
7. *Mother's Birthplace,*	Balti. Md.
8. *Full Name of Father,*	Henry Hoffer
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M.D.
Address.	2005 Penna. Ave.
Remarks,	

16960U02804

Wm. J. C. Dulany Co., City Printers and Stationers.

Note.—Every birth, with its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and address of the attendant, must be returned to the office of the Commissioner of Health within five days after the same shall have occurred, between the first and fifth day of each and every month, on the forms to be furnished for that purpose. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall become the duty of the person or parent in charge of such child to report the same to the Commissioner of Health, in the manner and within the time required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jew
3. Date of Birth, 12 of June 1896
4. Place of Birth, (Street and Number) No. 131 Harrison st.
5. Full Name of Mother, Selda Chiksen ✓
6. Mother's Maiden Name, Selda Komencovitz ✓ Paul July 2 1915
7. Mother's Birthplace, Nisen Russia ✓
8. Full Name of Father, Max Chiksen ✓
9. Father's Occupation, Pants tailor ✓
10. Father's Birthplace, Nisen Russia ✓

Name of Medical Attendant, or other person who makes this Return, Mrs. Eva Kohn

Address, No. 137½ Harrison st. corner Lexington

Remarks, Mother and baby are getting along splendidly and are in good spirits

B 7 6 0 8 0 2 8 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Physicians, midwives or other persons required by the Commissioner of Health to report births, shall do so on certificates furnished by the Commissioner of Health, and shall write or print the information required by such certificate in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, then the mother herself, or the father or nurse of such child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Christine Bourie Mackall

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th "

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 12th 96.
4. Place of Birth, (Street and Number) 49 - W - Mount Royall Ave.
5. Full Name of Mother, Ida Mackenzie Mackall.
6. Mother's Maiden Name, Ida Mackenzie.
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Mackall.
9. Father's Occupation, Vice Consul of Brazil - Merchant
10. Father's Birthplace, District of Columbia

Name of Medical Attendant, or other person who makes this Return. Robt J. Wilson. MD

Address, 814 820 Park Ave.

Remarks,

CHECK RACE ADDED. 5-9-52.

1 8 9 6 U 0 0 2 8 8 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Note.—In addition to the full name and occupation of the parents, the date and place of birth, and the sex and color, the full name and occupation of the physician, midwife, or other person in attendance at the birth, should be given, if any such person has been employed. In cases where no person has been employed, the fact should be stated. The certificate must be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, within five days after the birth, and a full return of each and every birth must be made to the office of the Commissioner of Health, in the manner and within the period above specified. If the birth occurs without the attendance of a physician or midwife, or should no other person be in attendance, the mother, father, or householder, as the case may be, shall become the duty of the person or parents of such child to report to the Commissioner of Health the birth of such child, in the manner and within the period above specified. And any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13 96
4. Place of Birth, (Street and Number) 629 Eutaw A
5. Full Name of Mother, Minnie Cook
6. Mother's Maiden Name, Minnie Myers
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, George W. Cook
9. Father's Occupation Mechanic
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return H. Bruce M.D.

Address, 628 N. Broadway

Remarks, Born 5:30 P.M.

6466002807

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance within the time limited, the midwife or other person who shall assist at the birth shall immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11 1896
4. Place of Birth, (Street and Number) 2034 E. Baltimore St
5. Full Name of Mother, Mary Jane Goode
6. Mother's Maiden Name, Mary Jane McCall
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William J. Goode
9. Father's Occupation, Boiler maker
10. Father's Birthplace, New York City

Name of Medical Attendant, or other person who makes this Return, J. T. Mackenzie M.D.

Address, 701 N. Caroline St.

Remarks,

1896 00028808

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person in attendance upon the mother, immediately thereafter, fail to make the return required above within the period above required, and child to report its birth to the Commissioner of Health, in like manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, June 9
4. Place of Birth, (Street and Number) 550 Columbia Ave
5. Full Name of Mother, Ella Vosmus
6. Mother's Maiden Name, Paterson
7. Mother's Birthplace, Maine
8. Full Name of Father, Henry Martin Vosmus
9. Father's Occupation, Machinist
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Mrs M. Horrigan

Address, 412 Perth St

Remarks,

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person occupying or managing the house or tenement where such birth occurs, or in which the mother may be, to report such birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960002809

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child born, the name of the parents, the sex and color of each child, the time of birth, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, it shall become the duty of such mother to make return of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) Girl
3. Date of Birth, June 4th 1896.
4. Place of Birth, (Street and Number) 9 S Durham st
5. Full Name of Mother, Thersia Barnefind.
6. Mother's Maiden Name,
7. Mother's Birthplace, Dearmaine
8. Full Name of Father, John Barnefind.
9. Father's Occupation Labor
10. Father's Birthplace, Dearmaine

Name of Medical Attendant, or other person who makes this Return, Mary Kopatish

Address, 205 N Washington st

Remarks,

1 8 9 6 0 0 0 2 8 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, the name of the parents, the color, the sex, the number of the child in order of birth, and the date and place of birth; and the same shall be delivered duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and with like penalty in case of neglect, shall devolve upon the midwife in attendance upon the mother, and if there be no midwife in attendance upon the mother, then upon the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color. (if not of the white race)*	White
3. *Date of Birth,*	6 June
4. *Place of Birth, (Street and Number)*	E. Bond str 622
5. *Full Name of Mother,*	Mary Martinek
6. *Mother's Maiden Name,*	Mašec
7. *Mother's Birthplace,*	Austria
8. *Full Name of Father,*	Jakuf Martinek
9. *Father's Occupation*	Work-man
10. *Father's Birthplace,*	Austria
Name of Medical Attendant, or other person who makes this Return.	
Address.	X 838 E. Bond Str.
Remarks,	Mary Brett.

1896 U 0028 11

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11. 1896.
4. *Place of Birth, (Street and Number)* 816. S Broadway.
5. *Full Name of Mother,* Annie Matey.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemania.
8. *Full Name of Father,* John Matey.
9. *Father's Occupation* Taylor.
10. *Father's Birthplace,* Bohemaine.

Name of Medical Attendant, or other person who makes this Return. Mary Koftish

Address, 205. N Washington st.

Remarks,

1896000281 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. It shall be the duty of each and every person in charge of any institution, public or private, to which women are admitted for the purpose of being confined, to keep a record of the full name, residence and occupation of every woman confined in such institution, the date of birth, number of children born to such woman, whether living or dead, and such other information relative to the child or children of such woman as may be required by the Commissioner of Health, and to report the same to the Commissioner of Health, in the manner and within the period above specified. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under the charge of the person making the return during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been given, and if a female child, whether it is married or single, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered by the Attendant or the Householder in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. These certificates of births of any child shall occur without the attendance of a physician or practioner of midwifery, or should the birth of any child take place upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 8, 1896
4. *Place of Birth, (Street and Number)* 1524 Riverside Ave
5. *Full Name of Mother,* Annie Brannan
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,*
8. *Full Name of Father,* John J. Brannan
9. *Father's Occupation* Pedestrian
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. O. Edward Janney, M.D.

Address, 837 N. Eutaw St.

Remarks.

1896000028 13

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9th, 1856.
4. Place of Birth, (Street and Number) 252 Belmont Ave.
5. Full Name of Mother, Bertha Butler
6. Mother's Maiden Name, Stifler
7. Mother's Birthplace, Norristella, Md
8. Full Name of Father, Joseph Wilbert Butler
9. Father's Occupation Post-office Clerk
10. Father's Birthplace, Norristella, Md.

Name of Medical Attendant, or other person who makes this Return, Walter Belgrano

Address, 2020 N. Charles St.

Remarks,

B 960002814

Wm. J. C. Dulany Co., City Printers and Stationers.

Monthly, and shall set forth as far as possible the full name of each child, the full name of each mother, the sex, color, the full name and occupation of the father, the date and place of birth, and the number of the child of the mother, and shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter directed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June th 10. 1896.
4. *Place of Birth, (Street and Number)* 612. N Washington st.
5. *Full Name of Mother,* Augusie Braze.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germaine.
8. *Full Name of Father,* Johan Braze.
9. *Father's Occupation* Labor.
10. *Father's Birthplace,* Germaine

Name of Medical Attendant, or other person who makes this Return. Mary K Fitch

Address, 205. N Washington st

Remarks,

18960002815

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said list of births shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each succeeding month, at the office of the Commissioner of Health. In case no birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons shall likewise comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name or each child, (if any shall have been born,) sex, color, date of birth, full name and occupation of parents, and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, before the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge who is required to report the same, the mother shall within ten days after the occurrence of such birth report in writing to the Commissioner of Health, in the manner and with the particulars required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11th 1896.
4. Place of Birth, (Street and Number) 2813 Gaite Ave.
5. Full Name of Mother, Annie Pesarek.
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemaine
8. Full Name of Father, Peter Pesarek
9. Father's Occupation Tuber.
10. Father's Birthplace, Bohemaine

Name of Medical Attendant, or other person who makes this Return, Mary Kepitsch

Address, 205 N Washington st

Remarks,

18460002816

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12th, 1896
4. Place of Birth, (Street and Number) No. 39 N. West St.
5. Full Name of Mother, Anna Lauterback
6. Mother's Maiden Name, " Eagen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Conrad Lauterback
9. Father's Occupation, Glass Worker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Maggie A. Wilkinson

Address, No. 14 W. Cross St.

Remarks,

8466002817

Wm. J. C. Dulany Co., City Printers and Stationers.

SEC. 13. This section shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child born, the name of the parents, the color, the sex, the date and place of birth, and the full address of the house in which the birth occurred. If a still-born child, or any child shall have been born dead, the fact shall be likewise stated. Any physician or midwife who shall become the duty of the person or persons in attendance upon the mother at the birth of any child, or if there be no such person in attendance, then it shall become the duty of the person or persons in charge of the house in which the birth occurs, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 74734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be returned duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and within the period above required said schedule shall be returned duly signed by such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12 1896
4. Place of Birth, (Street and Number) 1615 Elizabeth Lane
5. Full Name of Mother, addie Whipp
6. Mother's Maiden Name, addie howard
7. Mother's Birthplace, montgomery county md
8. Full Name of Father, Lewis Walter Whipp
9. Father's Occupation, Brakman B & O R R
10. Father's Birthplace, Montgomery county md

Name of Medical Attendant, or other person who makes this Return. Ellemore A. anderson

Address, 1434 Patapsco St

Remarks,

8960002818

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if one shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month succeeding the passage of this ordinance. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person in attendance upon the mother, immediately thereafter (I shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 4th 12. 1896.
4. Place of Birth, (Street and Number) 834 Chapel st.
5. Full Name of Mother, Annie Tlatzginek
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemaine.
8. Full Name of Father, Andrue Tlatzginek
9. Father's Occupation Coper.
10. Father's Birthplace, Bohemaine

Name of Medical Attendant, or other person who makes this Return. Mary Repsis

Address, 205 1/2 Washington st

Remarks,

+ 8 9 6 0 0 0 2 8 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 74736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of each birth, and shall enter the same on a blank so made, to be furnished by the Commissioner of Health, and shall send a list of the births which have occurred in his district during the preceding week. On the first Monday in each month, he shall also certify to the Commissioner of Health, the date and place of birth, and the name, if any, which has been conferred upon each child whose birth has been registered by him during the preceding month, and if no birth has occurred in his district, the fact shall be certified in like manner. Every physician or midwife in attendance upon any birth shall report the same to the Commissioner of Health within ten days after the occurrence thereof, and shall furnish the parent or parents of such child a certificate containing the information required by this section to be reported to the Commissioner of Health, and directing the parent or parents to present the same to the Registrar of Vital Statistics, at the office of the Commissioner of Health, within ten days after the birth of such child, and every physician or midwife who shall neglect or refuse to make the report or furnish the certificate required by this section shall forfeit and pay for every such neglect or refusal the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, June 13th 1896.
4. Place of Birth, (Street and Number) 835 N. Hoffman St.
5. Full Name of Mother, Alice R. Dickerson.
6. Mother's Maiden Name, " " Brayton.
7. Mother's Birthplace, Md.
8. Full Name of Father, John H. Dickerson.
9. Father's Occupation, Physician.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. H. S. Carr Jr. M.D.

Address, 1062 Argyle Ave.

Remarks,

1896 00028820

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the last preceding week, and the full name and occupation of its parents, the date and place of birth of each child; and every such person who shall neglect or refuse to deliver the said schedule shall be deemed guilty of a misdemeanor, and on conviction thereof shall be fined not less than five nor more than twenty dollars for each offence. Every physician or practitioner of midwifery who shall have attended upon any mother, lunatic or female pauper, in the form of a certificate between the first and third day of each and every month to the officer of the Board of Health, in the district in which such birth shall occur without the attendance of a physician or practitioner of midwifery. In case the birth of any child shall occur after the expiration of the time specified in this section, and before the expiration of the period of ten days thereafter, it shall become the duty of the person or other person before mentioned to report the birth of such child to the officer of the Board of Health in the manner and within the period above required. And any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14 1876.
4. Place of Birth, (Street and Number) 2304 Shilt st.
5. Full Name of Mother, Lena Saitmer
6. Mother's Maiden Name,
7. Mother's Birthplace, Germaine
8. Full Name of Father, John Saitmer
9. Father's Occupation Casket maker.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Kostin

Address, 205 N Washington st

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8760002821

RETURN OF A BIRTH. 74738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been christened) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered at the office of the Commissioner of Health, or some one of his clerks, on the third day of each and every month. In the case of the Commissioner of Health, or some one of his clerks, on the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child, where such parents live in the same house, to report the birth of such child within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4th 15 1896.
4. Place of Birth, (Street and Number) 1228 E. Eager st.
5. Full Name of Mother, Marie Kroitkiel
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Martin Kroitkiel
9. Father's Occupation Tayler.
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, 205 N Washington st

Remarks,

8960002822

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, or since the last return. The full name of each child, if any shall have been determined upon, shall be set forth as far as the same can be ascertained. The full name and occupation of its parents, the color of each, the first and last place of residence of the parents, the date of birth, and the place where born. Such schedule shall be delivered at the office of the Commissioner of Health, on the first and third day of each and every month, signed by the Practitioner in the form of a certificate as per next page. In case the birth shall occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall become the duty of the person or persons having knowledge of the birth to report it to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 15
4. *Place of Birth, (Street and Number)*	X 1418 Thames Str.
5. *Full Name of Mother,*	Magie Antrola
6. *Mother's Maiden Name,*	Krzyzanska
7. *Mother's Birthplace,*	Europe
8. *Full Name of Father,*	Franke Antrola
9. *Father's Occupation*	Work-man
10. *Father's Birthplace,*	Europe
Name of Medical Attendant, or other person who makes this Return,	
Address,	X 838 S. Bond Str.
Remarks,	Mary Betts

Wm. J. C. Dulany Co., City Printers and Stationers.

1896 U 0028 23

RETURN OF A BIRTH. 74740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, and the name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate that the births of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth of any child, the person or parents of such child to report the births which shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth. June 26
4. Place of Birth, (Street and Number) Baltimore 831 Lemmon ave
5. Full Name of Mother, Ann T. Martin.
6. Mother's Maiden Name, Ann T. Carothers
7. Mother's Birthplace. Baltimore Co. Md.
8. Fult Name of Father, Michael Martin
9. Father's Occupation. Laborer
10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23d & Poppleton St.

Remarks.

+ 8960002824

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Richard John Peters

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11th 1896
4. Place of Birth, (Street and Number) 426 E. Lanvale st.
5. Full Name of Mother, Mary Peters
6. Mother's Maiden Name, Wetzelberger
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Michael Peters
9. Father's Occupation Salesman
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

GIVEN NAME ADDED 1-26-54 L.M.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) his sex, color, the full name and residence of the parents, the date and place of birth; and the third day of each month deliver, duly signed by the practitioner in his or her charge, a duplicate thereof, and the same shall be delivered every month to the office of the Commissioner of Health. In case more than the first and attendance upon the mother, immediately thereafter, or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 4 6 0 0 0 2 8 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the attendant, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person dwelling in the same house with the parents of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 June 1896
4. Place of Birth, (Street and Number) Baltimore 765 W. Pratt St
5. Full Name of Mother, Lizzie Emig
6. Mother's Maiden Name, Lizzie Hughes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles D Emig
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. Galt Gross

Address, 660 N. Gilmor St.

Remarks,

8960002826

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 7th
4. *Place of Birth, (Street and Number)* Balto. 618 Burgundy Alley.
5. *Full Name of Mother,* Clara Lee Thee Jones
6. *Mother's Maiden Name,* Clara Letcher
7. *Mother's Birthplace,* Caroline Co Md.
8. *Full Name of Father,* Charlie Lee Thee
9. *Father's Occupation* Cartman
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Catherine Jones

Address, 736 Lexington St

Remarks,

1896000 2827

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as can be ascertained, the full name of each child, if any shall have been conferred; its sex, color; the full name and residence of the parents; the date of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the first said shall occur in each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately after the birth, he shall report in like manner the birth of such child to the Commissioner of Health, in the manner and within the period required, and each such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the like penalty for each offence, to be recovered as other fines and forfeitures are recoverable.

1290.]

RETURN OF A BIRTH. 74744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 8th 1896
4. Place of Birth, (Street and Number) No. 6 Millington Ave
5. Full Name of Mother, Henrietta Lochstein
6. Mother's Maiden Name, Henrietta Ehrle
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Lochstein
9. Father's Occupation Housemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted the sex, color, the full name and occupation of the parents, the date of birth, and the full residence of the latter, and the street and number in the city, where such birth occurred. Such list shall be delivered at the office of the Commissioner of Health, or mailed to him, on the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above named; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960002828

1236.]

RETURN OF A BIRTH. 74745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person occupying such position in each case to report the birth to the Commissioner of Health, and any such person who shall neglect or refuse hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 8th 1896
4. Place of Birth, (Street and Number) Smallwood Ett near Eagle Ett
5. Full Name of Mother, Annie Wannenwetsh
6. Mother's Maiden Name, Annie Brockner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Wannenwetsh
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960002829

[Rev. 1236.]

RETURN OF A BIRTH. 74746

GIVEN NAME ADDED 9/14/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Marie Erb

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 11th 1896
4. Place of Birth, (Street and Number) No. 2623 W Franklin st
5. Full Name of Mother, Catherina Erb
6. Mother's Maiden Name, Catherina Schmidt
7. Mother's Birthplace, Germany
8. Full Name of Father, Gottlieb Erb
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, date of birth, and such other facts as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person occupying the house in which such birth occurs, within the period above required, and such person is hereby required to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896000 2830

RETURN OF A BIRTH. 74747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 4th 1896
4. Place of Birth, (Street and Number) 527 N. Wayne Ave
5. Full Name of Mother, Fannie Washington
6. Mother's Maiden Name, Fannie Jones
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Washington
9. Father's Occupation Driver
10. Father's Birthplace, St. Mary's County

Name of Medical Attendant, or other person who makes this Return, Mary Imes Elzey

Address, 537 N. Eutaw

Remarks,

B 4 6 U 0 2 8 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. § 70. Register shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been given) the sex, color, the name and surname of the mother, the full name of the father, and the time and place of birth. Such list shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required to report the same, then it shall be the duty of the person or persons having charge of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 16 1896
4. Place of Birth, (Street and Number) 316 N Mount St
5. Full Name of Mother, Georgia Tabler
6. Mother's Maiden Name, Georgia Summerson
7. Mother's Birthplace, Ellicott City Md
8. Full Name of Father, Walter D Tabler
9. Father's Occupation Salesman
10. Father's Birthplace, Berkley Co Va

Name of Medical Attendant, or other person who makes this Return, Charles F Hagler MD

Address, 1627 W Lexington St

Remarks, Dallas MD

1896 U 002832

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and fifteenth days of each month, to the office of the Commissioner of Health. And every person having had in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons neglecting or refusing to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 12
4. Place of Birth, (Street and Number)	1246 Battery ave
5. Full Name of Mother,	Carrie Mc Laud
6. Mother's Maiden Name,	Carrie Roberts
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Carrie Mc Laud
9. Father's Occupation	Canvas hardware
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Anna Taylor
Address,	41 Guilford alley
Remarks,	2 Months Baby

Wm. J. C. Dulany Co., City Printers and Stationers.

8960002833

RETURN OF A BIRTH. 74750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and residence of each child, the name of its parents, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. It shall have said schedule shall be delivered at the office of the Commissioner of Health, on or before the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in charge of the house where such birth occurs, or the nearest relative or friend present at such birth, or the parent of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 1st 1896
4.	*Place of Birth, (Street and Number)*	213 Mosher St
5.	*Full Name of Mother,*	Mary W. Traynor
6.	*Mother's Maiden Name,*	Mary Walker
7.	*Mother's Birthplace,*	Baltimore City
8.	*Full Name of Father,*	James A. Traynor
9.	*Father's Occupation,*	Confectioner
10.	*Father's Birthplace,*	Philadelphia
	Name of Medical Attendant, or other person who makes this Return,	Thos. P. McCormick M.D
	Address,	1421 Eutaw Place
	Remarks,	

8460 02834

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 74751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Children

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 18th 1896
4. Place of Birth, (Street and Number) 747 George St
5. Full Name of Mother, Sarah J. Miles
6. Mother's Maiden Name, " " West
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, W. H. Miles
9. Father's Occupation, Iron factory
10. Father's Birthplace, Saint Maries Co

Name of Medical Attendant, or other person who makes this Return. Mrs Louis Sims

Address, 644 Jasper St Balto City

Remarks,

1896 00 02835

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner or the person in charge of the case, the birth of any child to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner provided in this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, the sex and color, the date of birth, and the full name, residence and occupation of its parents. In case the parents are not married, but have been conferred) its sex, color, the full name and occupation of its father (in the form of a certificate between the first and said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person make the return required, the mother, immediately thereafter, shall make and deliver to the Commissioner of Health a like certificate upon the mother, immediately thereafter, shall make and deliver to the Commissioner of Health a like certificate upon the best information she can obtain. Every such certificate shall be made in the manner and within the period above required, and child to report its birth to the Commissioner of Health in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 13th 1896
4.	*Place of Birth, (Street and Number)*	2419 N. Calvert St
5.	*Full Name of Mother,*	Minnie K. Westcott
6.	*Mother's Maiden Name,*	Minnie Kendall
7.	*Mother's Birthplace,*	Richmond Va.
8.	*Full Name of Father,*	James Westcott
9.	*Father's Occupation,*	Druggist
10.	*Father's Birthplace,*	Ohio
	Name of Medical Attendant, or other person who makes this Return,	Thos. P. McCormick M.D.
	Address,	1421 Eutaw Place
	Remarks,	

1896U002836

WM J C BULLY DO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 14 1896
4. *Place of Birth, (Street and Number)* 923 Gordon St
5. *Full Name of Mother,* Sallie Thornton
6. *Mother's Maiden Name,* Sallie Banks
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Robert Thornton
9. *Father's Occupation* Work on the Market
10. *Father's Birthplace,* Green Spring Valley Balto Co
11. *Name of Medical Attendant, or other person who makes this Return,* Lucy Gorsuch
12. *Address,* 1234 Shields Alley
13. *Remarks,*

B 9 6 U 0 0 2 8 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 10. 1896
4. Place of Birth, (Street and Number) Mills Ave. in Ga
5. Full Name of Mother, Frances Patterson
6. Mother's Maiden Name, " " " Washington
7. Mother's Birthplace, Yancie Patterson
8. Full Name of Father, Mor
9. Father's Occupation Labor
10. Father's Birthplace, Ga

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, H E Talbot St & Waverly

Remarks, Ga

1896009028 38

Wm. J. C. Dulany Co., City Printers and Stationers.

... shall set forth as far as the same can be ascertained, the full name of each child born alive, if any shall have been born, and shall state the sex, color, the full name and the residence of the parents, the date and place of birth, and the number of the child born alive of the mother at the time of each confinement between the first and ninth month, and shall be delivered duly signed by the attending physician or midwife, or should no physician or midwife be in attendance, then by the father or mother of such child, or the person in charge of the premises where such birth occurs, to the office of the Commissioner of Health, or such other person as he may appoint for the purpose, within five days after the birth of such child; and in case any stillbirth shall occur after the period of gestation above specified, or any child shall die before the expiration of the first day of each and every month after the birth of such child, without having been registered, it shall become the duty of the physician or midwife in attendance upon the confinement, or in case there be no physician or midwife in attendance upon such confinement, then the father or mother of such child, or the person in charge of the premises where such stillbirth or death shall occur without having been registered, immediately thereafter to report the same to the Commissioner of Health, in the manner and with the particulars required in the case of births; and in case any physician or midwife shall fail to comply with the provisions of this section, he shall be liable, and such person or persons as shall neglect or refuse to comply with the provisions of this section shall be liable, each and every of them, to the Commissioner of Health, to be recovered as other fines and forfeitures are recoverable. Subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 16. 1876
4. Place of Birth, (Street and Number) # 4 Waverly
5. Full Name of Mother, Rachel Louise Hall
6. Mother's Maiden Name, Hall
7. Mother's Birthplace, Wilson Louise
8. Full Name of Father, Unknown
9. Father's Occupation, Waiter
10. Father's Birthplace, Wilson

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, # 4 Dallas St Waverly

Remarks, Well

5 7 6 U 0 0 2 8 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-29-57

RETURN OF A BIRTH. 74756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Myrtle Virginia ~~Johnson~~ 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 6 1896
4. Place of Birth, (Street and Number) 1810 E. Federal
5. Full Name of Mother, Laura Virginia Johnson Smith
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, Benj. Gubbs Johnson
9. Father's Occupation Sailmaker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm J. Watson

Address, 1601 N. Broadway

Remarks,

Sec. 11th. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the certificate between the first and said schedule shall be delivered, duly signed by the attending physician or midwife, or should no other person be in attendance, by the father or mother of such child, to the Commissioner of Health. In case the birth of any child shall occur on the premises of a physician or practioner of midwifery, or should no other person be in attendance, by the father or mother of such child, to the Commissioner of Health. In case the birth of any child shall occur on the premises of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such premises to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8960002840

RETURN OF A BIRTH. 74757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 8 1906
4. *Place of Birth, (Street and Number)*	2228 E. Biddle St
5. *Full Name of Mother,*	Minnie Barbara Rudd
6. *Mother's Maiden Name,*	" " Rudl
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Ernest Harold Rudd
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Wm J. Watson
Address,	1519 N. Broadway
Remarks.	

1 8 9 6 0 0 0 2 8 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1st 1896
4. *Place of Birth, (Street and Number)* 13 S. Eden st
5. *Full Name of Mother,* Julia Simon
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Abel Simon
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Eden st.

Remarks,

Section 1. It shall be the duty of the Health Officer to furnish blank forms for the above schedule, and to cause the same to be distributed to the practitioners of midwifery, and to such other persons as he may deem necessary. This schedule shall contain a list of the births which have occurred since his or her last call, and the name or names of the parents, if known to the informant; the full name of each child, (if any shall have been born,) and shall set forth as near as may be the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the full name and residence of the practitioner in the form of a certificate, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Health Officer of each and every month to the office of the Registrar of Vital Statistics, or should no other person be in attendance upon the mother than the midwife, then it shall become the duty of such midwife to report such birth to the Commissioner of Health, in the manner and within the time required; and shall occur without the attendance of a physician or midwife, then it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the time required; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

1896 00 02842

RETURN OF A BIRTH. 74759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return [illegible]

Address, [illegible]

Remarks, [illegible]

1896000 2843

month, and shall set forth as far as the same can be ascertained the full name of each child (if any) which have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of the child and said schedule shall be delivered, duly signed by the officer, to the Commissioner of Health. In case the birth of any child shall occur upon the premises where the mother immediately thereafter, it shall become the duty of the person above required, and third day of each and every month of a physician or practioner of midwifery, or should no other person be shall occur upon the premises where the mother immediately thereafter, it shall become the duty of the person above required, and shall reside, or in any case where the mother shall be delayed or prevented by sickness or other cause from making such declaration, then the undertaker employed to bury the body of such child, to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 2/24/70

RETURN OF A BIRTH 74760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: SARA FRANK

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 1st 1896
4. Place of Birth, (Street and Number) 40 Harrison St.
5. Full Name of Mother, Rosa Frank
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Morris Frank
9. Father's Occupation Shoemaker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Hess C. Bernstein

Address, 122 S. Exeter St.

Remarks,

1896 00002844

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred in each family during the month, and shall be set forth as far as the same can be ascertained the full name of each child born, the date and place of birth, and the name, age, color, and full name and occupation of its parents, the certificate between the first and second entries of each birth to be signed by the person who shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be duly signed by the practitioner in charge, or if there were no such person present, by the mother, or in case of the absence or inability of the mother, by the father, or in case of the absence or inability of both parents of such child, by some other person present at the birth. And every such practitioner or other person who shall become the custodian of any such schedule shall deliver the same or cause the same to be delivered to the Commissioner of Health, at his office, within ten days after the end of the month to which it relates; and every such practitioner or other person who shall neglect to deliver any such schedule within the period above required, and every such practitioner or other person who shall neglect to report the birth of any child in attendance upon the mother, to the Commissioner of Health, in the manner and within the time required by the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2 1899
4. Place of Birth, (Street and Number) 37 E. Fayette St.
5. Full Name of Mother, Fannie Kaufman
6. Mother's Maiden Name, " Herman
7. Mother's Birthplace, Russia
8. Full Name of Father, Meck Kaufman
9. Father's Occupation Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mc V. Edmunds

Address, 613 E. Lombard St.

Remarks,

1899000 2845

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. It is hereby ordained that it shall be the duty of every physician or midwife who shall have been concerned in the birth of any child, to make a return of such birth, and the name of such child, if any shall have been conferred, its sex, color, the time of its birth, the name and residence of its parents, the date and place of birth, and the name and residence of the person making the return, which return shall be signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. And in case of a stillbirth, the midwife or physician in attendance, or if there be none, the undertaker or sexton who shall bury the body of such stillborn child, shall make a return of such stillbirth, which shall occur without the attendance of a physician or midwife, and shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and also any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) White
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) 1433 E. Fairmount Ave
5. Full Name of Mother, Sara Greenberg
6. Mother's Maiden Name, [illegible] Levine
7. Mother's Birthplace, England
8. Full Name of Father, [illegible] Greenberg
9. Father's Occupation Tailor
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1113 E. Fairmount St

Remarks,

8960002846

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, of any shall have been born dead, the sex, the color, the full name of each parent, the date of birth, and the place of birth. And said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall report such birth, it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, Mary [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation Butcher
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1130 [illegible]

Remarks,

1896000284 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 8. 1896

4. Place of Birth, (Street and Number) N.W. cor Stiles Str + [illegible]

5. Full Name of Mother, Hatty Lampe

6. Mother's Maiden Name, Caplan

7. Mother's Birthplace, Europe

8. Full Name of Father, Harry Lampe

9. Father's Occupation Cigarmaker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C Bernstein

Address, 122 S. Exeter Str

Remarks,

Health.—This schedule shall contain a list of the births which have occurred [illegible] shall have month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960002848

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 9. 1896
4. *Place of Birth, (Street and Number)* 400 S. Eden str
5. *Full Name of Mother,* Lizzie Ward
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Ned Ward
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs E. Bernstein

Address, 122 S. Exeter Str

Remarks,

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the attendant or other person who shall make the return, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and form as herein above provided; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 74766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth. June 11th 1896
4. Place of Birth, (Street and Number) 1116 E. Pratt St.
5. Full Name of Mother. Jennie Kaplan
6. Mother's Maiden Name. " Bernack
7. Mother's Birthplace. Russia
8. Full Name of Father, Max Kaplan
9. Father's Occupation Presser
10. Father's Birthplace. Russia

Name of Medical Attendant, or other person who makes this Return, Mrs G. Schaeffer

Address. 2013 E Lombard St

Remarks,

1896000002850

Health. This schedule shall contain a list of the births which have occurred under its jurisdiction during the month, and shall set forth as far as practicable the full name and occupation of the parents, the certificate between the first and last births will be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the parent or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and such parent or parents who shall hereafter fail to report as aforesaid, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74767

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, Midwife, or other person having charge of the case, shall report to the registrar aforesaid, within six days at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 16 1896
4. *Place of Birth (Street and Number)*	1829 E. Biddle St.
5. *Full Name of Mother*	Bridget T. Dudley
6. *Mother's Maiden Name*	Bridget T. Cagney
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Robert E. Dudley
9. *Father's Occupation*	Engineman
10. *Father's Birthplace*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Kate Lanahan
Address	No. 1041 Mt. Ver. St.
Remarks	Single

1896000285

RETURN OF A BIRTH. 74768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 3

1. *Sex,* (*state whether male or female*) Boy
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* June 17th 1896
4. *Place of Birth,* (*Street and Number*) 822 E. (Pa) Pratt St
5. *Full Name of Mother,* Sarah Baker
6. *Mother's Maiden Name,* " Brenner
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* R. Baker
9. *Father's Occupation* Store Keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Feldman

Address, 1013 E. Lombard St.

Remarks,

8960002852

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Beatrice Meyer

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, June 9 1896
4. Place of Birth, (Street and Number) 521 N Lexington St
5. Full Name of Mother, Martha Meyer
6. Mother's Maiden Name, Martha Gutmacher
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Arthur Meyer
9. Father's Occupation Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Jno L Whitehead M.D.

Address, 662 N Lexington St

Remarks,

1 8960002853

mouth, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred; the sex, color, date and place of birth, and the full name, age and occupation of its parents; the date and place of the marriage between the first and last of said parents; the full name and residence of the practitioner in the case, or certificate of the midwife, if any. And every such practitioner and midwife shall deliver, duly signed by the practitioner in the case, or midwife, to the person required, and in the city of each and every month to the office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a practitioner it shall become the duty of the person above required, and in the city of each and every month to the office of the Registrar of Health. In the manner and with the particulars above required, and attendance upon the birth of any child hereafter fail to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable in the case of persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Children

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 18th of June
4. Place of Birth, (Street and Number) 1729 Mary Ann Court
5. Full Name of Mother, Elizebeth Harris
6. Mother's Maiden Name, Elizebeth Gray
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lewis Harris
9. Father's Occupation, Laborer Yard
10. Father's Birthplace, Norpe Virginia

Name of Medical Attendant, or other person who makes this Return, Emmalie Barney

Address, 1302 Jefferson Street

Remarks, Doing well

+ 8 9 6 0 0 0 2 8 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 11th 1896
4. *Place of Birth, (Street and Number)* 2149. Wilkens Av.
5. *Full Name of Mother,* Annie Stevens
6. *Mother's Maiden Name,* Annie Steichman
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Richard Frank Stevens
9. *Father's Occupation,* Mechanic
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Dr. Heldrich MD.

Address, 2151 Wilkens Av.

Remarks,

1 8 9 6 0 0 0 2 8 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 12th 1896

4. Place of Birth, (Street and Number) 534 N. Jackson St

5. Full Name of Mother, Nancy Harris

6. Mother's Maiden Name, Nancy Harris

7. Mother's Birthplace, Alexandria Va

8. Full Name of Father, Henry Prettyman

9. Father's Occupation Hod Carrier

10. Father's Birthplace, Harford Co. Md

Name of Medical Attendant, or other person who makes this Return, Clara Brent

Address, 219 Rogers Ave

Remarks. A very fair delivery no trouble

1896 00002856

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Penalty, $5 to $20. § 3. The Name and the Number of the Parents, the date and place of birth, and the sex, color, the full name and occupation of the parents, the date and place of birth, and the number of children born to the mother, shall be delivered, duly signed by the attendant, to the Registrar of Vital Statistics, in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall occur within the first week of any month, the certificate of birth may be delivered within the first week of the next month. § 4. In case there is no attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and the duty of the nurse, or other person in attendance upon the mother, to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74773

GIVEN NAME ADDED 3/22/61 [redacted]

To the Office of Registrar of Vital Statis[redacted], Board of Health, Baltimore City.

Name: Paul Rupp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, June 12, 1896
4. Place of Birth, (Street and Number) 1605 N Wood St
5. Full Name of Mother, Rosa R Rupp
6. Mother's Maiden Name, " Miller
7. Mother's Birthplace, Balto
8. Full Name of Father, John G Rupp
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who Makes This Return. R G Davis MD

Address, 507 N Carolina St

Remarks,

1876002857

Health. This schedule shall contain a list of the names and the full name of each child, if any shall have been born, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth; and the sex and color of each child (the full names of twins, triplets, or other children at a single birth to be entered) its sex, color, the full names of its parents, the date and place of birth; and the said schedule shall be delivered by the practitioner in the form of a certificate between the birth of any child and the first day of each month to the office of the Commissioner of Health, or should no other person be in attendance at the birth, then the father or mother of such child, or the householder in whose house the birth occurs, shall within the period above mentioned, with or without the attendance of a physician or midwife, become the duty of the person or parents of such child to report the birth as herein required, and within the time above specified; and any midwife in attendance upon the mother, immediately after the birth, shall become the duty of such midwife to report the birth as herein required, and within the time above specified; and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 74774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15th 1896
4. Place of Birth, (Street and Number) 1429 E. Eager St
5. Full Name of Mother, Mary Emma Mills
6. Mother's Maiden Name, Shadow
7. Mother's Birthplace, Balto
8. Full Name of Father, Bernard Mills
9. Father's Occupation Compositor
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, L. B. Schwatka Md

Address, 1003 N. Bway

Remarks,

1896 02858

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of such child, (if any,) and the full name and usual occupation of its parents, the date and place of birth, and the sex and color of such child, and whether it be the first, second or other child born of the mother, and whether the birth was single, twin or triplet, and shall state whether (if a live birth has been conferred) its sex, color, and parentage have been duly signed by the practitioner in the form of the certificate hereinafter provided, and shall be delivered, duly signed by the practitioner as aforesaid, or by the person who shall have been in attendance upon the mother, to the Commissioner of Health, at the office of the Commissioner of Health, in the manner and within the time hereinafter provided. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the parent or parents, or person having charge of such child, shall report the birth of such child to the Commissioner of Health, in the manner and within the time hereinafter provided. And if any physician, midwife or other person who shall hereafter fail to duly sign and deliver such certificate, or to report the birth of any child as aforesaid, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st (6)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. June 15 1896
4. Place of Birth, (Street and Number) 1826 Hope st
5. Full Name of Mother. Maggie Hutchinson
6. Mother's Maiden Name. Maggie Young
7. Mother's Birthplace. Balto.
8. Full Name of Father. John Wesley Hutchinson
9. Father's Occupation Laborer
10. Father's Birthplace. Balto.

Name of Medical Attendant, or other person who makes this Return. Annie E. Goodfellow

Address. 837 N. Central ave Balto. Md.

Remarks.

+ 8 9 6 U 0 0 2 8 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3 Date of Birth, June 15

4. Place of Birth, (Street and Number) 862 Broadenbalk Al

5. Full Name of Mother, Annie Eliza Reeds

6. Mother's Maiden Name, Annie E. Toadvin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Thomas Reeds

9. Father's Occupation, Waiter

10. Father's Birthplace, Annapolis Md

Name of Medical Attendant, or other person who makes this Return. Dr. Emily M. Boulden

Address, 808 Mockbeam Al

Remarks, Complete

1896 00 02860

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RETURN OF A BIRTH. 74777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 16 1896
4. *Place of Birth, (Street and Number)* 108 E. Monument St.
5. *Full Name of Mother,* Susan Fenwick
6. *Mother's Maiden Name,* Susan Bundy
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Jack Fenwick
9. *Father's Occupation* Trader
10. *Father's Birthplace,* Charles Co.

Name of Medical Attendant, or other person who makes this Return, Mrs Charity Jones

Address, 515 Hoargrave alley

Remarks,

8960002861

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 10-15-53

RETURN OF A BIRTH 74778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Sanford Hottel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th day of June 1896
4. *Place of Birth, (Street and Number)* 1908 White Street
5. *Full Name of Mother,* Mollie C. ~~(Hottle)~~ Hottel
6. *Mother's Maiden Name,* ~~Hottle~~ Zirkle
7. *Mother's Birthplace,* Shenandoah County Va.
8. *Full Name of Father,* Robt. D. ~~(Hottle)~~ Hottel
9. *Father's Occupation,* Minister of the Gospel
10. *Father's Birthplace,* Shenandoah County Va

Name of Medical Attendant, or other person who makes this Return. Paul [illegible]

Address,

Remarks, 707 W. Lanvale St.

B 7 5 0 0 0 2 8 6 2

month, and shall set forth as far as the name can be ascertained the full name of each child, if any, not before recorded, born alive within the district since the last return was rendered, or (if no birth has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 74779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 17th of June
4. Place of Birth, (Street and Number) 624 Caroline st
5. Full Name of Mother, not married
6. Mother's Maiden Name, Anna Sharp
7. Mother's Birthplace, Essex Co.
8. Full Name of Father, Daniel Williams
9. Father's Occupation Laboring
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 419 Lewis st

Remarks, Living well

8960002863

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month, and shall set forth as the same can be ascertained, the name, sex, race, date and place of birth, and the parentage of such child, and such other particulars as may be required in the form of a certificate between the first and third day of each and every month, duly signed by the person or persons in attendance at such birth, or by the father or mother, immediately thereafter, it shall become and within the period above required, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 7470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17th 96
4. Place of Birth, (Street and Number) 940 N. Lexington St.
5. Full Name of Mother, Louise Auerbach
6. Mother's Maiden Name, Louise Hoffman
7. Mother's Birthplace, Austria
8. Full Name of Father, Rudolph Auerbach
9. Father's Occupation Dry Goods Salesman
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. Henry C. Ahle, M.D.

Address, 1203 N. Fayette St

Remarks,

1896 0002864

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month, and shall set forth as far as the same can be ascertained, the full name, sex and color of each child born alive, the date and place of birth; and the full name and occupation of its parents, to the person registering the birth, and shall give to such person a certificate setting forth the information conferred) its sex, color, the city signed by the practitioner, in the form prescribed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or other person required to report the birth shall state the reason for the absence of such attendance upon the mother, in the certificate which he shall make and deliver to the undertaker, as provided in section 14 of this article. Said schedule shall be delivered every month to the office of the Commissioner of Health, or should no births or deaths have occurred during the month, a postal card to that effect shall be sent to the Commissioner. It shall become the duty of the coroner or justice of the peace holding an inquest upon the body of any child found dead, to make a return to the Commissioner of Health, in the manner and within the time required, and with the information required of undertakers by this section. Any person who shall neglect or refuse to comply with the provisions of this section shall, upon conviction, be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19th 1896
4. Place of Birth, (Street and Number) 1111 North Wolfe St
5. Full Name of Mother, Alice Drury
6. Mother's Maiden Name, Wick
7. Mother's Birthplace, Balto
8. Full Name of Father, Oliver K Drury
9. Father's Occupation Paper hanger
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. B. Schwatka, M.D.

Address, 1003 N. B'way

Remarks,

8960002865

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and as near as practicable to the time of birth, the date and place of birth and the sex, color, the full name and occupation of its parents, the date and place of birth and the name and address of the midwife or other person in attendance, in the form of a certificate between the first and second days of each and every month to the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practicioner of midwifery, of the person or parents of such child, the midwife or other person in attendance shall become and within the period above required, and shall immediately thereafter, it shall become and within the period above required, and shall immediately thereafter, it shall be the duty of the person or parents of such child, to comply with the provisions of this section. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3rd, 1896
4. Place of Birth, (Street and Number) 410 Hoffman Street, West
5. Full Name of Mother, Albertie Blume
6. Mother's Maiden Name, Albertie Blume
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Ephraim Fringer
9. Father's Occupation Conductor
10. Father's Birthplace, Pikesville, Md.

Name of Medical Attendant, or other person who makes this Return, Mc. Magdalene Warner M.D.

Address, 410 Hoffman Street, Md.

Remarks,

1896 00 0 2 8 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each parent, if any, and the birth, color, the full name and occupation of the parents, or in the case of illegitimate children the name of the mother, and the place of birth; and the mother shall, within the period above required, and conferred) its sex, color, the full name and occupation of its parents, or in the case of illegitimate children the name of the mother, and the place of birth; and the said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person charged with the duty of reporting the same as aforesaid make such report, then it shall become the duty of the person charged with the duty of reporting the birth of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	June 5th 1896
4. Place of Birth, (Street and Number)	1315 Upton Street
5. Full Name of Mother,	Nellie Dorsey
6. Mother's Maiden Name,	Nellie Boston
7. Mother's Birthplace,	Baltimore, Md.
8. Full Name of Father,	Harry Eugene Dorsey
9. Father's Occupation,	Hod-Carrier
10. Father's Birthplace,	Montgomery County, Md.
Name of Medical Attendant, or other person who makes this Return.	M. Magdalene Warner M.D.
Address,	410 Hoffman Street West
Remarks,	

8960002867

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RETURN OF A BIRTH. 74784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th 1896
4. Place of Birth, (Street and Number) 327 Park Ave
5. Full Name of Mother, Mattie Gunn
6. Mother's Maiden Name, Mattie Rosswell
7. Mother's Birthplace, Philadelphia Pa
8. Full Name of Father, Joseph Gunn
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Havana Cuba

Name of Medical Attendant, or other person who makes this Return, J A Lehrman M D

Address, 735 W. Lombard St

Remarks,

+ 84600028 68

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the name and surname of the parents, the date and place of birth; and the name conferred, the sex, color, the full name and occupation of the informant, and such other particulars as may be required in the form of a certificate between the first and said schedule shall be delivered, duly filled, at the office of the Commissioner of Health. In case the birth of any child third day of each month a return of all births occurring within the preceding month, and in default thereof, or in case the particulars required by said schedule shall not be correctly given, the person or persons upon whose information such return is made shall forfeit and pay for every such offence a sum not exceeding fifty dollars, to be recovered as other fines and forfeitures are recoverable. Section 2. And be it further enacted, That it shall be the duty of the person or parties in charge of any such institution upon the mother, immediately thereafter, to report the birth of such child, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9th, 1896
4. Place of Birth, (Street and Number) 410 Hoffman Street, West
5. Full Name of Mother, Lydia J. Hammill
6. Mother's Maiden Name,
7. Mother's Birthplace, Cumberland, Md.
8. Full Name of Father, Lewis Swanson
9. Father's Occupation Clerk
10. Father's Birthplace, Texas

Name of Medical Attendant, or other person who makes this Return, M. Magdalene Warner, M.D.

Address, 410 Hoffman Street, West

Remarks,

1896 00 2869

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Public notice is hereby given that the name of each child born in Baltimore City shall be registered within five days after the birth of such child, and the month, and shall set forth as far as the same can be ascertained the full name of such child, the date and place of birth, and the full name and occupation of its parents, the date and place of their marriage, between the first and said certificate shall be delivered, duly signed by the practitioner in the form prescribed by the Board of Health. In case the birth of any child been complied with, then the certificate of birth shall be signed by the person present at the birth, or by the father or mother of such child. Every midwife or other person (not a practitioner of medicine) who shall attend upon any birth shall, within the third day of each and every month, report to the office of the Registrar of Vital Statistics the name and residence of each and every mother for whom she shall have performed the duties of midwifery, or should no other person be in attendance upon such birth, then such midwife shall make return of the birth of such child. Any failure to make such return as aforesaid shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents in whose house or premises such birth shall occur to make such return as aforesaid. If any midwife or other person who shall be in attendance upon a birth shall neglect or refuse to make the return required by this section, or shall knowingly make any false return of any birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section, such person shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St.

1. Sex, (state whether male or female) W. Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 11th 1896
4. Place of Birth, (Street and Number) 211 S. Edan
5. Full Name of Mother, Fannie Gartner Rolnick
6. Mother's Maiden Name, "
7. Mother's Birthplace, Russia
8. Full Name of Father, Samuel Gartner
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Geo. L Wilson 6 N. Brady.

Address,

Remarks,

1896 0002870

month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth; and the said schedule shall be delivered to the office of the Commissioner of Health. In case the other person be in attendance upon the mother, immediately after the birth, or in case there is no person in attendance, then the child to report its birth to such person as shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 St.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	W.
3. Date of Birth,	June 13/96
4. Place of Birth, (Street and Number)	1616 Stiles
5. Full Name of Mother,	Mary E. Gaffney
6. Mother's Maiden Name,	" " Armstrong
7. Mother's Birthplace,	B. C.
8. Full Name of Father,	Albert C. Gaffney
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	B. C.
Name of Medical Attendant, or other person who makes this Return,	G. L. Wiltenmaier C. H. Bruce
Address,	
Remarks,	

1896000287 1

Wm J. C. Dulany Co., City Printers and Stationers.

...ments, the date and place of birth, and the name, if any, and occupation of its parents, the date and place of their marriage, and the number of children born to the present mother, and whether the first and only child, or twin, or triplet; its sex, color, the full name and residence of the physician or midwife in attendance at the birth of any child born elsewhere than at a hospital, and the certificate of such physician or midwife shall be delivered, duly signed, to the person who shall undertake the burial or removal of the dead body of such child before any burial or removal shall be made. In the case of the birth of any child after the expiration of the third day of such month and before the fifth day of the next month, the like certificate shall be delivered, duly signed, to the Commissioner of Health, or should no other person be in attendance, such certificate shall be made and signed by the person or persons required, and shall occur without the other, immediately thereafter. In the manner and within the time specified in this section shall be subject to the fine of ten dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth. 13 June
4. Place of Birth. (Street and Number) 1442 " Fawson pt.
5. Full Name of Mother, Ruth R. Watts
6. Mother's Maiden Name, "
7. Mother's Birthplace, Howard Co.
8. Full Name of Father, Walter Watts
9. Father's Occupation Laborer
10. Father's Birthplace, A. A. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Kelly, Mufson

Address, 1331 Hull & Locust Point

Remarks,

1896 00 02872

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the Second Child

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 14 1846
4. *Place of Birth, (Street and Number)* 814 Stockholm st
5. *Full Name of Mother,* Annie E Freeland
6. *Mother's Maiden Name,* Annie E Mitchell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Freeland
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Grace Harris

Address, 918 Stockholm st

Remarks,

+ 8960002873

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the full name and occupation of its parents. Upon the form of a certificate between the first and second certificate shall be delivered, duly signed by the Health Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the parents of such child not desire a certificate, the mother, or in her absence, the father, or other person having charge of such child, shall within the period above required, and third day of each and every month to the Commissioner of Health, in such manner as he shall direct, a certificate of such birth, and such other particulars as may be required by the Commissioner of Health, in accordance with the provisions of this section shall be deemed guilty of a misdemeanor, and on conviction thereof shall be punished by a fine of not less than five dollars nor more than twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of each birth and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall contain all the information required to be obtained by him, and shall be filled out in the month, and shall set forth as far as the same can be ascertained the full name of each child born alive since the last preceding return, the sex, color, the full name and occupation of its parents, the date and place of birth, and the legal residence of the parents. Such return shall be signed by the Practitioner in the form of a certificate between the first and third day of each month, whenever such practitioner shall have been in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect, refuse or fail to comply with the provisions of this section shall be subject to the penalty provided for a violation of the ordinances of Baltimore City, and shall be guilty of a misdemeanor and on conviction thereof in the Criminal Court of Baltimore shall be fined not less than five dollars nor more than fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Girl.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	15. June.
4. *Place of Birth, (Street and Number)*	N. 26. Madeira. Str.
5. *Full Name of Mother,*	Barbara Borbert.
6. *Mother's Maiden Name,*	Barbara Seifert.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	George Borbert.
9. *Father's Occupation,*	Labourman.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Mary Klass.
Address,	N. 9. N. Wolfe. Street.
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

8960002874

RETURN OF A BIRTH. 74792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 17. June.
4. Place of Birth, (Street and Number) No 136. Wolf Str.
5. Full Name of Mother, Mary Seiffer.
6. Mother's Maiden Name, Mary Stoecker.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, George Seiffer.
9. Father's Occupation Zigarrmacher.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Kloss.

Address. No 9. N. Wolfe. Str.

Remarks,

Health. This schedule shall contain a list of the births which have oc[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960002875

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RETURN OF A BIRTH 74793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 18th, 1896
4. Place of Birth, (Street and Number) 915 Morris Alley
5. Full Name of Mother, Sophia Johnson
6. Mother's Maiden Name, Sophia Washington
7. Mother's Birthplace, Carroll County, Md.
8. Full Name of Father, James Henry Johnson
9. Father's Occupation, Bellman in hotel
10. Father's Birthplace, Leesburg, Virginia

Name of Medical Attendant, or other person who makes this Return. M. Mag Galen Warner, M.D.

Address, Waterwite, 410 Hoffman Street, West.

Remarks, L.O.A. Premature Birth cause not known

B46U002876

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month, and shall set forth as far as the same can be ascertained, the full name of each child born alive, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Registrar of the District, to the Commissioner of Health. In case the birth of any child shall occur within the month immediately thereafter, it shall become the duty of the person or persons required to report its birth to the Commissioner of Health, to comply with the provisions of this section within the first and third day of each and every month, of the existence of such birth, and in case of the neglect of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) female 1

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 19. 1896
4. *Place of Birth, (Street and Number)* 624 Moore Street
5. *Full Name of Mother,* Annie Cath Sleet
6. *Mother's Maiden Name,* Not maried
7. *Mother's Birthplace,* Georgetown
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Elizabeth Champs

Address, Elba Champ

Remarks, 336 Rogers Av

18960002877

month, and shall set forth as far as the same can be ascertained, the full name, color, and place of residence of each parent, the maiden name of the mother, the date of birth, and the number of children born to the mother, and the number now living, and the certificate between the first and second shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required by this section to report the birth, it shall become the duty of the mother, immediately thereafter, if able, and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20, 1896
4. Place of Birth, (Street and Number) 1046 W. Baltimore St.
5. Full Name of Mother, Henny Hessler
6. Mother's Maiden Name, Henny Cohn
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Hessler
9. Father's Occupation, Merchant Tailor.
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, M. Rubinstein M. D.

Address, 105 W. Barre St.

Remarks,

1896U002878

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or other person who shall assist at the birth of any child, shall, within three days thereafter, report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the midwife or physician present at the birth. In case the birth of any child shall occur without the attendance of a midwife or physician, the father, or in his absence, the mother of such child shall report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section. It shall be the duty of the Registrar of Vital Statistics, Board of Health, Baltimore City, to furnish, free of charge, to any midwife, physician or person who shall request it, a sufficient number of blanks for the purpose of this section, and any such person or persons who shall neglect or refuse to report as herein required shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 20 96
4. *Place of Birth, (Street and Number)* 1878 McHenry st
5. *Full Name of Mother,* Margarethe Jacob
6. *Mother's Maiden Name,* Dietrich
7. *Mother's Birthplace,* Gaisen (Germ)
8. *Full Name of Father,* Louis Jacob
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Fehlitz (Germ)

Name of Medical Attendant, or other person who makes this Return. Dr John Vannelli

Address, 1738 W Baltimore

Remarks,

18960002879

month, and shall set forth as far as the same can be ascertained the full name, residence and occupation of each parent, the date and place of birth, and the sex, color, the full name and residence of the midwife, physician or other person in attendance at the birth, and the name of the child, if it has been named; and if there be no physician or midwife in attendance, the father or mother of such child shall report the birth to the registrar in the form of a certificate between the first and tenth days of each month, and shall state the reason why the report was not made by the midwife or physician in attendance. Any midwife, physician or other person who shall neglect or refuse to report the birth of any child as required by this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 74797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 June
4. Place of Birth, (Street and Number) Ward. 729 Jefferson av
5. Full Name of Mother, Eliza Burke
6. Mother's Maiden Name, " Hast
7. Mother's Birthplace, Garden St Baltimore
8. Full Name of Father, Louis Alfred Burke
9. Father's Occupation Carpenter & Builder
10. Father's Birthplace, Ward Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Nannette Batchelor

Address, ~~729 Jefferson av Ward City~~ 114 Old York Road

Remarks.

1 8 9 6 0 0 0 2 8 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child; (if any shall have died without name, the fact shall be stated) the full name and occupation of its parents, the date and place of birth, and the usual residence of the parents. The full name and occupation of the practitioner in attendance at the birth, or if there was no such attendant, then the name, residence and occupation of the person who shall be present at the birth, or who shall be informed of the same, shall be delivered, duly signed by the practitioner in the form of a certificate hereafter specified, to the Commissioner of Health, within ten days after the birth of each child. And every midwife, or other person who shall assist at the birth of any child, shall, within the first ten days of the first month after the birth of each child, deliver to the Commissioner of Health a certificate of such birth, containing the name and residence of the parents, the sex of the child, and the date of birth. And every midwife, or other person who shall assist at the birth of any child, shall, within the first ten days of the first month after the birth of each child, deliver to the Commissioner of Health a certificate of such birth, containing the name and residence of the parents, the sex of the child, and the date of birth. And every person who shall neglect or refuse to report the birth of any child as aforesaid, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained [illegible] the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 13th 1896
4. *Place of Birth, (Street and Number)* 530 Preston St.
5. *Full Name of Mother,* Mary F. Allen
6. *Mother's Maiden Name,* J. Morgan
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Anthony Allen
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Lexington, Ky.

Name of Medical Attendant, or other person who makes this Return, J. Amelia Johnson

Address, 1024 Park Ave

Remarks,

8960002881

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 74799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 14th June

4. Place of Birth, (Street and Number) 1220 Woodyear Ave

5. Full Name of Mother, Caroline Ellenberger

6. Mother's Maiden Name, Raab

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Ellenberger

9. Father's Occupation Baker

10. Father's Birthplace, germany

Name of Medical Attendant, or other person who makes this Return. Mrs J H Bischoff

Address, No 1137 Carroll St

Remarks.

1 8 9 6 U 0 0 2 8 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. Be it further enacted, That the name child be ascertained, the full name of each child, if any shall have been conferred, the sex, color, the day, month and year of its birth, and the full name, residence and occupation of its parents, the date and place of birth; and the said practitioner in the form of a certificate between the first child and every subsequent child born of the same mother, and shall specify the day of each and every month to the office of the Commissioner of Health, as should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 74800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15th day of June

4. Place of Birth, (Street and Number) 1801 Mc Henry St

5. Full Name of Mother, Clara Maisch

6. Mother's Maiden Name, Clara Stewart

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fred Maisch

9. Father's Occupation Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bischoff

Address, 1137 Carroll Ave

Remarks,

B 7 6 0 0 0 2 8 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 3. Be it further ordained, That the name to be ascertained, the full name of each child, of any and every month, and shall set forth as far as the same can be ascertained, the full name and full occupation of the parents, the date and place of birth, and the number of children born to the mother, and the number of children born between the first and been conferred. Its sex, (whether male or female) and color, (if not of the white race) and shall be signed by the practitioner in the form of a certificate. In case the birth of any child shall occur without the attendance of a practitioner, it shall become the duty of the person in charge of the said locality of such birth, or the nearest relative present, or the mother herself, if able, to report the same within the time and in the manner aforesaid, and in default thereof to be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 18 96

4. Place of Birth, (Street and Number) 1420 N. Gay St.

5. Full Name of Mother, Carrie Amelia Whitaker Gardiner

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Harford Co

8. Full Name of Father, Abner Brown Whitaker

9. Father's Occupation, Cook

10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Clarence Nicholson M.D.

Address, 1435 E Eager

Remarks,

1 8 9 6 0 0 0 2 8 8 4

Wm J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or other person who shall assist at the birth of any child, or shall be present at the same, shall, within ten days thereafter, cause the same to be registered, with its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife, if any, present at the birth, and shall certify the same in the form of a certificate to be delivered to the parents of such child by the Commissioner of Health, or his authorized agent; and every physician or midwife who shall neglect or refuse to make such certificate, or shall neglect or refuse to deliver the same to the parents of such child, shall forfeit and pay for each offence a sum not exceeding five dollars; and every person who shall refuse or neglect to report its birth to the Commissioner of Health, in the manner and within the period above specified, or who shall refuse or neglect to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race).* White
3. *Date of Birth,* 17 June
4. *Place of Birth, (Street and Number).* 1116 S Carey Street Balto MD
5. *Full Name of Mother,* Mrs Schollian
6. *Mother's Maiden Name,* Margareta Ganzhorn
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* Fredrick J Schollian
9. *Father's Occupation* Wood Carver
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, Mrs A M Bischoff

Address, No 1137 Carroll Str

Remarks,

8960002885

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 74803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17th 1896.
4. Place of Birth, (Street and Number) 1721 E. Oliver st
5. Full Name of Mother, Edith E. Steen
6. Mother's Maiden Name, " Eccleston
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Hiram G. Steen
9. Father's Occupation Cane maker
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Feuby M.D.

Address. 1219 N. Caroline St.

Remarks. Full name of child - Alma Edith Steen

8960002886

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name or names of such child, and the time and place of birth; and the full name and occupation of its parents, the certificate between the first and second days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required to report the same as hereinbefore provided, it shall become the duty of the occupier of the premises in which such birth shall occur to report the same within the period above required, and attendance upon the mother, Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74804.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 17th 1896.
4. Place of Birth, (Street and Number) Franklin road (Annex).
5. Full Name of Mother, Annie Nixon.
6. Mother's Maiden Name, Annie Busby.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Nixon.
9. Father's Occupation, Dairyman.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. J. C. Monmonier.

Address, Wetheredville Balto. Co. Md.

Remarks,

896U002887

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11t

1. Sex, (state whether male or female) Femal
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17. of Juni 1896.
4. Place of Birth, (Street and Number) 1431 Orleans St.
5. Full Name of Mother, Marie Walter
6. Mother's Maiden Name, Marie White
7. Mother's Birthplace, Baltimore M.D.
8. Full Name of Father, John Walter
9. Father's Occupation, Dealer
10. Father's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hille

Address, 207. N. Castle St.

Remarks,

8960002888

been conferred) its sex, color, the [illegible] name and occupation of its parents, [illegible] first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 11-30-55

RETURN OF A BIRTH. 74806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mildred Tilyard

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19/96-
4. Place of Birth, (Street and Number) 924 [illegible] Av
5. Full Name of Mother, Mrs Chas A. ~~Tillyard~~ - Tilyard
6. Mother's Maiden Name, — Nora L. Greenfield
7. Mother's Birthplace, —
8. Full Name of Father, Chas A. ~~Tillyard~~ Tilyard
9. Father's Occupation Insurance
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Morris C. Robins M.D.

Address, 1344 Druid Hill Av

Remarks,

...its sex, color, the full name and occupation of its parents, the date and place of birth: and the been conferred) ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960002889

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex, (state whether male ~~or female~~) Male
2. Race or Color, (~~if not of the~~ white ~~race~~) White
3. Date of Birth, June 20th 1896
4. Place of Birth, (Street and Number) 2006 Bolton ave
5. Full Name of Mother, Dollie Gonnwald
6. Mother's Maiden Name, Dollie Kenwood
7. Mother's Birthplace, Baltimore City Md.
8. Full Name of Father, Samuel Gonnwald Jr
9. Father's Occupation Clerk in Post office
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D.

Address, 914 N. Charles st

Remarks,

8960 02890

Wm. J. C. Dulany Co., City Printers and Stationers.

month, of full its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of such child, if born alive, and if dead, the cause of death, and such other information as may be required by said Commissioner in the form of a certificate to be furnished by him. But no certificate shall be required of the birth of any child said child shall be delivered, duly signed by the physician or midwife in attendance, at the office of the Commissioner of Health. Should no other person be in attendance upon the birth, the parent or parents of such child shall make such return and certificate. It shall be the duty of the person or parents of such child to report or persons who shall have charge of any burial ground or place of interment, to which the body of such child is taken for burial, to require and receive the certificate of birth required by this section, before such burial shall be allowed. Any person who shall violate any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 20/96
4. *Place of Birth, (Street and Number)*	1502 N. Eldersly St
5. *Full Name of Mother,*	Victoria Smith Lynch
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Bedford Va
8. *Full Name of Father,*	Jas. Smith
9. *Father's Occupation*	Sailor
10. *Father's Birthplace,*	North Hudsland Va.
Name of Medical Attendant, or other person who makes this Return.	J. C. Ohlendorf M.D.
Address,	518 N. Bond St
Remarks,	

8960002891

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born since the last return), the sex, color, the date and place of birth, the full name and occupation of its parents, the date and place of marriage of the parents, and whether the child be the first and only child born to the parents, or the first, second, third or other child born to the parents. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at the birth, or in case of the absence or inability of the person in attendance upon the mother at the birth to the Commissioner of Health, to the manner provisions of this section shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20. 96
4. Place of Birth, (Street and Number) 218 N. Wolf St
5. Full Name of Mother, Florence Frey
6. Mother's Maiden Name, Hoeland
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Frey
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Jno. A. Bickal M. D.

Address, 1312 Ashland ave.

Remarks,

8960002892

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 74810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20th 1896
4. Place of Birth, (Street and Number) 646 N. Fulton Ave
5. Full Name of Mother, Laura B. Malambre
6. Mother's Maiden Name, Marshall
7. Mother's Birthplace, Cecil County, Maryland
8. Full Name of Father, Don W. Malambre
9. Father's Occupation, Wholesale Druggist Clerk
10. Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other person who makes this Return. Paul H. Woodward M.D.

Address,

Remarks, 707 N. Gilmor Street

BV60002893

month, and shall set forth as far as its name can be ascertained, the full name, date and exact place of birth; and the full name, residence and occupation of its Parents, the certificate between the first and been conferred; its sex, color, if any signed by the practitioner in charge of the case. In case the birth of any child said schedule at the end of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required to report it, then the duty of sending in the schedule as above required shall devolve upon the parents of such child. Any midwife or physician who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 74811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. Norman Leroy Bonsall

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child
1. Sex, (state whether male or female)	Male ~~Girl~~
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born June 20th 1896
4. Place of Birth, (Street and Number)	# 1937 Lemon St
5. Full Name of Mother,	Mrs. Ella (Bonsall) Bonsall
6. Mother's Maiden Name,	Miss. Heil
7. Mother's Birthplace,	Balto. Md
8. Full Name of Father,	Chas. (Bonsall) Bonsall
9. Father's Occupation	Carpenter
10. Father's Birthplace,	Balto. Md
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hilles
Address,	#2008 Mc Henry St
Remarks,	

8 9 6 0 0 0 2 8 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and the full name and occupation of its parents, the date and place of birth, and the number (if any) which has been assigned by the practitioner in the form of a certificate to be known as the first and said schedule shall be delivered, within thirty days after the birth of any child born alive without the assistance of a physician or midwife, to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parent of such child to report in like manner the birth of such child; and the person or parent of such child to report (in birth to the Commissioner of Health, in the manner and within the period specified in this section) shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 2 Child

1. Sex, (state whether male or female) — Boy

2. Race or Color, (if not of the white race) — White Race

3. Date of Birth, — Born June 22nd 1896

4. Place of Birth, (Street and Number) — #343 Banteloe St

5. Full Name of Mother, — Mrs. Maggie Hoffman

6. Mother's Maiden Name, — Miss " Smith

7. Mother's Birthplace, — Bayern Germany

8. Full Name of Father, — John Hoffman

9. Father's Occupation — Butcher

10. Father's Birthplace, — Bayern Germany

Name of Medical Attendant, or other person who makes this Return. — Mrs. Hiller

Address, — #2008 McHenry St.

Remarks.

6960082895

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

74 813

RETURN OF A BIRTH.

GIVEN NAME ADDED, 3/16/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: THOMAS REED HOLMES

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22/96
4. *Place of Birth, (Street and Number)* 1615 N Calvert St.
5. *Full Name of Mother,* Mrs Thos Holmes
6. *Mother's Maiden Name,* Reed
7. *Mother's Birthplace,* Queen Anne Co.
8. *Full Name of Father,* Thos Holmes
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Morris C. Robins M.D.

Address, 1344 Druid Hill Ave

Remarks,

8460002896

months, and shall set forth color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 26th 1896
4. Place of Birth, (Street and Number) 875 Lindsay Ave
5. Full Name of Mother, Lulu Lindsay
6. Mother's Maiden Name, Lulu Hankey
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Nathaniel Lindsay
9. Father's Occupation Waiter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks.

8960002897

Wm. C. Dulany Co., City Printers and Stationers.

Within ten days after the birth of any child born in the City of Baltimore, it shall be the duty of the physician or practitioner who shall have attended the mother at the birth, or in case there shall be no physician or practitioner in attendance, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period hereinbefore specified; and every such physician, practitioner, person or parent who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XVI

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 22-96
4. Place of Birth, (Street and Number) 44 South Smallwood St
5. Full Name of Mother, Annie S. B. Hanneman
6. Mother's Maiden Name, Brannig
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Geo. L. Hanneman
9. Father's Occupation, Hair Spinner
10. Father's Birthplace, Balto Co. Md.

Name of Medical Attendant, or other person who makes this Return. J. Wm Funck MD.

DR. J. WM. FUNCK,

Address, 101 N. FULTON AVENUE, BALTIMORE.

Remarks,

Wm. J. C. Dulany & Co., City Printers and Stationers

1896 0002898

RETURN OF A BIRTH. 74816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born June 25th 1896
4. *Place of Birth, (Street and Number)*	# 1842 Wilhelm, St
5. *Full Name of Mother,*	Mrs. Maggie Miller
6. *Mother's Maiden Name,*	Miss. " Hemming
7. *Mother's Birthplace,*	Balto, Md.
8. *Full Name of Father,*	Henry Hemming
9. *Father's Occupation*	Hair Factory
10. *Father's Birthplace,*	Balto, Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Miller
Address,	# 2008 16th Henry, St.
Remarks,	

6 V 6 U 0 0 2 8 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and day) and the full name and occupation of its parents, the date and place of birth, and the number of children (if any) born to the mother, and the number of such children living, which certificate shall be delivered by the practitioner in the form of a certificate between the birth of any child and the expiration of the third day of the month following that in which such birth occurs, and which said schedule shall be delivered, and it shall become the duty of the person or parents of such child to cause the same to be delivered, to the office of the Commissioner of Health. And should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* June 1st 22
4. *Place of Birth, (Street and Number)* 410 Fox Ave
5. *Full Name of Mother,* Mrs. Mary
6. *Mother's Maiden Name,* " Mary
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles "
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs [illegible] Known

Address, 2105 [illegible] + t

Remarks,

1 8 9 6 U 0 0 2 9 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

These (conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* [illegible] 1900
4. *Place of Birth, (Street and Number)* 22 [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

8 9 6 0 8 8 2 9 8 1

being conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth occurs in an institution, or where the mother or child is removed therefrom before the certificate can be filled out, the certificate shall occur without the attendance of a physician or midwife, the duty of reporting the birth shall devolve upon the householder or owner of the premises where the mother resided at the time of her confinement. If shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks.

18960002902

been conferred); its sex, color; the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attended by such practitioner shall occur after the delivery of such schedule, or without the attendance of such practitioner, the father, mother or other person having charge of such child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-26-57

RETURN OF A BIRTH. 74820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 7th 1876.
4. Place of Birth, (Street and Number)	1226 W Lombard st.
5. Full Name of Mother,	Elizabeth J Morrison
6. Mother's Maiden Name,	Elizabeth J Wilson
7. Mother's Birthplace,	Baltimore City.
8. Full Name of Father,	James A Morrison
9. Father's Occupation	Shipping Clerk
10. Father's Birthplace,	Richmond Va
Name of Medical Attendant, or other person who makes this Return.	Noland A Cunningham M.D.
Address,	1716 Linden Ave Balto City
Remarks,	

8960002903

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and the hour of birth, and the sex of the child; and the full name and occupation of the person making the certificate, and the date between the first and second days of each month, and every month to the Commissioner of Health, or such other officer as may be designated by the Commissioner of Health, a certificate in the form of the schedule which shall be delivered, duly signed by the person who is required to become the duty of the person required, and shall neglect or refuse to report the birth of any child as required by this section, shall be liable to a penalty of not less than five (5) dollars nor more than twenty (20) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 4th, 1896.

4. Place of Birth, (Street and Number) 1010 N. Broadway

5. Full Name of Mother, Elizabeth Welch

6. Mother's Maiden Name, Elizabeth Spencer

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Robert M. Welch.

9. Father's Occupation Clerk.

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton. M.D.

Address, S. W. Cor. Calvert & Preston Sts.

Remarks,

8960002904

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 18th 1896.
4. *Place of Birth, (Street and Number)*	2008 Mcculloh st.
5. *Full Name of Mother,*	Blanche Boucher.
6. *Mother's Maiden Name,*	Blanche Cumming.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	Louis Boucher
9. *Father's Occupation*	Baltimore City.
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	John D Pennington M.D.
Address,	1716 Linden Ave
Remarks,	

B 9 6 0 0 0 2 9 0 5

Wm. J. C. Dulany Co., City Printers and Stationers

Births shall be registered as far as the same can be ascertained, the name, the sex, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the name, the sex, the date and place of birth; and the full name and occupation of the parents. The form of a certificate between the first day of January and the first day of July, 1877, and every month to the Commissioner of Health. In case the first child shall have been counted, duly signed by the physician or practitioner of midwifery, or if there be no such physician or practitioner of midwifery, by the father or mother, or the person or parents of such child, or some other person present at the birth, shall be delivered, duly signed by the Commissioner of Health. In case the first child shall have been counted, duly signed by the physician or practitioner of midwifery, or if there be no such physician or practitioner of midwifery, by the father or mother, or the person or parents of such child, or some other person present at the birth, shall become and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, the father or mother, or the person or parents of such child, or some other person present at the birth, shall become and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, the father or mother, or the person or parents of such child, or some other person present at the birth, shall immediately thereafter, if able, report the birth to the Commissioner of Health, and shall comply with the provisions of this section as nearly as practicable. Any person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, June 15 1896.
4. Place of Birth (Street and Number), 1533 E. Monument St.
5. Full Name of Mother, Katie Crosby
6. Mother's Maiden Name, Rhodes
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Andrew H Crosby.
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. J. Steard M.D.

Address, 202 Aisquith St

Remarks,

8960002906

...and shall set forth as far as the same can be ascertained, the name and surname of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the said informer in the form of a certificate between the first and fifth day of the next month after the birth, to the Commissioner of Health. In case neither parent be in attendance upon the mother, immediately thereafter it shall become and within the period above required, said duty devolves upon the person who shall hereafter have charge of said child. Any person who shall neglect to perform the duty with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 74824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 9th,

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* June 16th, 1896.
4. *Place of Birth,* (Street and Number) 1113 Barclay St.
5. *Full Name of Mother,* Mary L. Hornaman.
6. *Mother's Maiden Name,* Mary Ludwig
7. *Mother's Birthplace,* York Co. Pa.
8. *Full Name of Father,* Herman Hornaman
9. *Father's Occupation* Balt & Potomac R.R. Employee.
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, S. W. Cor. Calvert & Preston Sts.

Remarks, The given name of child is "Grace Adelaide", This name is added by her father ... for a transcript. ... 3/3/...

8460082907

[illegible] month, and shall set forth as far as the same can be ascertained the [illegible] name of each [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4 C.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) June 17 96

3. Date of Birth, 1539 Fait Ave

4. Place of Birth, (Street and Number) Augusta Kamke

5. Full Name of Mother, Augusta Bauer

6. Mother's Maiden Name, Bultz

7. Mother's Birthplace, Gustave Kamke

8. Full Name of Father, Engineer

9. Father's Occupation, Europe

10. Father's Birthplace, C. A. Rau M.D.

Name of Medical Attendant, or other person who makes this Return, Cor. Balt. & Arg

Address,

Remarks,

1896 0002908

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10t.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 17th, 1896.
4. *Place of Birth, (Street and Number)* 1327 E. Lanvale St.
5. *Full Name of Mother,* Mamie W. Dittell
6. *Mother's Maiden Name,* Mamie Waldman.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Charles Dittell.
9. *Father's Occupation* Salesman.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Webmer Brinton M.D.

Address, S. W. Cor. Calvert & Preston St

Remarks,

8960002909

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 74827

GIVEN NAME ADDED. 11-1-61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Wieland

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17th 1896
4. Place of Birth, (Street and Number) 309 – 29th st
5. Full Name of Mother, Pauline (Whelan) Wieland
6. Mother's Maiden Name, Pauline Wells
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, John (Whelan) Wieland
9. Father's Occupation Drover
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Margerat Hinkel

Address,

Remarks,

[illegible] been conferred) its sex, color, the full name and occupation [illegible] between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should the parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the

1896002910

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17 - 96
4. Place of Birth, (Street and Number) 826 W. Saratoga
5. Full Name of Mother, Carrie Roeder
6. Mother's Maiden Name, " Hettinger
7. Mother's Birthplace, Germany
8. Full Name of Father, John Roeder
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. L. Buddenbohn

Address, 418 S. Paca St.

Remarks,

8960002911

been conferred) its sex, color, the full name and occupation of its parents, its age, the number of the first and last child, if deceased, and the date of death, which certificate shall be signed by the practitioner in the form of a certificate of birth of any child who shall be delivered of a child without the aid of a physician or midwife, or should no other person be in attendance, the duty of the person or parents of such child to report its birth to the office of the Commissioner of Health, in the manner and within the time prescribed by this section shall become the duty of a physician or midwife who shall thereafter have been in attendance upon the mother, immediately after the birth of such child, and shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18th 1896
4. Place of Birth, (Street and Number) 917 Lamb alley
5. Full Name of Mother, Ida Hasnell
6. Mother's Maiden Name, Ida Lamb
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William T. Hasnell
9. Father's Occupation, Driver of Furniture wagon
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 1032 Faunt St.

Remarks, very large baby (22 pounds it weighs)

8960002912

Wm. J. C. Dulany Co., City Printers and Stationers.

mouth, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month after the birth of such child, to the registrar of the district in which the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Stephen Pyle Everist 8th.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 19th, 1896.
4. Place of Birth, (Street and Number)	1723 E. Federal St.
5. Full Name of Mother,	Lillie Everist
6. Mother's Maiden Name,	Lillie Fox
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	John M. Everist.
9. Father's Occupation	Banks Business
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton, M.D.
Address,	S.W. Cor. Calvert & Preston Sts.
Remarks,	GIVEN NAME ADDED 9-9-53

8960002913

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74 851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. June 21st 1896

4. Place of Birth, (Street and Number) 1420 N. Bond St.

5. Full Name of Mother. Eva T. Field

6. Mother's Maiden Name. Eva T. Carey

7. Mother's Birthplace. Philadelphia Pa.

8. Full Name of Father, Edward J. Field.

9. Father's Occupation Letter Carrier.

10. Father's Birthplace. Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton, M. D.

Address. S. W. Cor. Calvert & Preston Sts.

Remarks. 8960002914

month, and shall set forth as far as the same can be ascertained, the full name or each Christian name of such child, the sex, color, date of birth, and the full name and occupation of the parents, the date and place of their marriage, and the number of children born to the mother, and the number of such children living, in the form of a certificate to state the birth of any child born after the passage of this ordinance, and to state the fact that no certificate has been theretofore delivered, duly signed by the attendant or the Commissioner of Health, or should no other person be in attendance, then by the mother, or in case of her inability, by the nearest relative present, or by any said other person, and every month to the physician or practitioner of the city of the person to be required, and shall deliver or cause to be delivered, duly signed by the attendant or the Commissioner of Health, a certificate in the form aforesaid, to the Registrar of Vital Statistics, within the third day of each month, without the attendance thereafter, in the manner and within the time prescribed in this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

attendance upon the mother, Commissioner of Health to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

child to report the births who shall hereafter attend upon the mother, and every person who shall neglect or refuse to report the births as aforesaid, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

any such person who shall hereafter attend upon the mother, and every person who shall neglect or refuse to report the births as aforesaid, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* June 23 - 1896
4. *Place of Birth, (Street and Number)* 913 E. Fremont
5. *Full Name of Mother,* Della Bolton
6. *Mother's Maiden Name,* Della Williams
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Bolton
9. *Father's Occupation,* Railroad Man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Lewis M.D.

Address, 578 Hanover St

Remarks, Child only down a few hours at a time. Blood poisoning at 7 months.

8960002915

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month next after the birth of any child, and a like certificate shall be delivered as aforesaid shall occur without the attendance of a physician or practitioner of midwifery, or should no other person required to attend upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

— 2 —

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) —

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 23 - 1896
4. Place of Birth, (Street and Number) 2026 Orleans st.
5. Full Name of Mother, Mary A. Dietz
6. Mother's Maiden Name, Mary A. Malzer
7. Mother's Birthplace, City
8. Full Name of Father, Albert Dietz
9. Father's Occupation Restaurant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, P. G. Dausekund

Address, 1731 E. Baltimore st.

Remarks, —

8 9 6 0 0 0 2 9 1 6

months, and in the case of illegitimate children, the name and residence of the parents, the date and place of birth, and the sex of each child born alive, and also in the case of stillbirths, the date and place of birth, and the sex of each child stillborn; its sex, color, the full name and occupation in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the child born alive shall subsequently die before the return of the certificate of birth, a certificate of such death shall be delivered, duly signed, at the office of the Commissioner of Health. In case the child born alive shall not survive the mother, immediately thereafter, a like manner and within the period above required, and the certificate of birth shall state the fact. Any person who shall fail to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21 96
4. Place of Birth, (Street and Number) 2010 Fairmount Ave
5. Full Name of Mother, Vera Ashenmuth
6. Mother's Maiden Name,
7. Mother's Birthplace, Va
8. Full Name of Father, Louis Ashenmuth
9. Father's Occupation, Musician
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, C. Mew M.D.

Address, 619 S. Paca

Remarks,

B 4 6 0 0 0 2 9 1 7

months, and shall set forth as far as the same can be ascertained, the full name and residence of the parents, the date and place of birth; and the number of children born to the mother, and the number now living. Any midwife or other person practicing midwifery, who shall neglect or refuse to make such return, shall forfeit for each offence a sum not exceeding five dollars. Any physician or practitioner in the form of a certificate between the first and tenth day of each and every month, a like return of each and every case of a birth occurring within the city during the preceding month, which he shall have attended, and which shall not have been reported by the midwife or other person in attendance; and for each neglect or refusal to make such return, shall forfeit a sum not exceeding five dollars. Any such physician or practitioner who shall neglect or refuse to make such return, shall forfeit a sum not exceeding five dollars. Any person who shall neglect or refuse to report the birth of a child, when required by the Commissioner of Health, in the manner and within the period above required, shall forfeit a sum not exceeding five dollars. Any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7/st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Monday June 15th 96 (11 P.M.)
4. Place of Birth, (Street and Number) 1940 Druid Hill Ave
5. Full Name of Mother, Hattie A. McConey
6. Mother's Maiden Name, Hattie A. Hutcheson
7. Mother's Birthplace, Snow Hill Md
8. Full Name of Father, Wm McConey
9. Father's Occupation Clerk
10. Father's Birthplace, Accomac Co Va

Name of Medical Attendant, or other person who makes this Return, Wm J. Cunningham

Address, [illegible]

Remarks,

8960002918

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 4 96
4. Place of Birth, (Street and Number) 240 S Collington ave
5. Full Name of Mother, Henrietta S. Kennard
6. Mother's Maiden Name, Henrietta S. Powell
7. Mother's Birthplace, Kent Co. Md.
8. Full Name of Father, Lewis M Kennard
9. Father's Occupation, Sailor
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Adolph C Eisenberg M.D.

Address, N.E. Cor Bank & Wolfe Sts

Remarks,

8960002919

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Born June 13th

4. Place of Birth, (Street and Number) 407 Harris St

5. Full Name of Mother, Leona Phillips

6. Mother's Maiden Name, Leona Doyle

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry J. Phillips

9. Father's Occupation Furniture Packer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Miss Ruth Lawrence

Address, No 1814 Bond St

Remarks,

8960002920

Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 1-18-51

RETURN OF A BIRTH. 74838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Norman E. Plaine

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1906
4. Place of Birth, (Street and Number) 412 Baltimore
5. Full Name of Mother, Rose Gertrude Plaine
6. Mother's Maiden Name, Stern
7. Mother's Birthplace, Russia Poland Carroll Co Md
8. Full Name of Father, Stephen E Plaine
9. Father's Occupation Tailor
10. Father's Birthplace, Russia Poland Co

Name of Medical Attendant, or other person who makes this Return, Dr E Landes

Address, 1201 Eutaw St

Remarks, Home Confinement

1896000292 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and also (at first) the full name and occupation of its parents, the date and place of birth; and the number of children born to the mother, including the present one, and the number of such children now living. And every person who shall neglect or refuse to report, as herein required, the birth of any child born after the date when this act shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of any child, it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required; and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such attendance upon the mother, immediately after the birth of any child, it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 15th 1896
4. *Place of Birth, (Street and Number)* 1410 E. Pratt
5. *Full Name of Mother,* Bridget Hayes
6. *Mother's Maiden Name,* Hayes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Hayes
9. *Father's Occupation* Engineer B&O R.R.
10. *Father's Birthplace,* Maryland Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, Living Well

1896000022922

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Boy Child
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26 1896
4. Place of Birth, (Street and Number) 1324 Hanover
5. Full Name of Mother, Lena Gunther
6. Mother's Maiden Name, Gunther
7. Mother's Birthplace, Balto
8. Full Name of Father, Joh Hauer
9. Father's Occupation Cutter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Alfred Brandt

Address, 1324 Hanover St

Remarks, Living Male

1896 0 0 0 2 9 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

month, shall be sold as the said child and occupation of its parents, the date and place of birth, and the name, if any, conferred; its sex, color, the full name by the practitioner in the form of a certificate of the birth of any child said schedule shall be delivered month to the office of the Commissioner of Health, or should no other person be in third day of each and every month, the physician or midwife in attendance upon the mother, immediately after the birth of such child, without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Board of Health, in the manner and within the period above required; and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

74841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3) Third

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 5 of June 1896
4. Place of Birth, (Street and Number) 1502 E. Pratt St
5. Full Name of Mother, Jente Beker
6. Mother's Maiden Name, Katsef
7. Mother's Birthplace, Russia Home
8. Full Name of Father, Benne Beker
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia Home

Name of Medical Attendant, or other person who makes this Return, H. Flinder M.D.

Address, 143 N. Front St

Remarks,

8460002924

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person required by sec. 6 of this act to register the birth of any child who shall be born alive, and who shall fail to register the birth of such child as required by said section, shall be guilty of a misdemeanor, and upon conviction thereof, in the manner and within the time prescribed by law, shall be subject to a penalty not exceeding ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every physician, midwife, or other person who shall fail to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every person required by sec. 6 of this act to register the birth of any child who shall be born alive, and who shall fail to register the birth of such child as required by said section, shall be guilty of a misdemeanor, and upon conviction thereof, in the manner and within the time prescribed by law, shall be subject to a penalty not exceeding ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Leonard J Buck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 29 1926
4. *Place of Birth, (Street and Number)* 1717 Hanover
5. *Full Name of Mother,* Mary Buck
6. *Mother's Maiden Name,* Mary Bucket
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Sidney Buck
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. L. Bosley

Address, 1717 Hanover

Remarks,

18460 02925

month, and shall set forth as far as the same can be ascertained from the parents, the date and place of birth, and the name, if any conferred, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name, if any conferred; its sex, color, the full name and residence of the physician or midwife, if any present at the birth, and such other particulars as may be required by the Commissioner of Health, or the Board of Health. And the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth, by the physician or midwife, if any present at the birth, or in the absence of a physician or midwife, by the father or mother of such child, if able to do so, within the first ten days after the birth, and in default thereof the father and mother shall each forfeit and pay such sum not exceeding twenty dollars, as the Board of Health may direct. And if the father or mother of any child shall refuse or neglect to report the birth of any child as herein required, or shall report false or incorrect particulars concerning any such birth, he or she shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 74843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 8. 1896

4. Place of Birth, (Street and Number) 1701 Pittmans Ct.

5. Full Name of Mother, Lizzie Johnson

6. Mother's Maiden Name. Lizzie Tolliday

7. Mother's Birthplace. Baltimore

8. Full Name of Father, Wm. Johnson

9. Father's Occupation Ice Dealer

10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return. H H Stansbury M. D.

Address, 1122 N Monroe St -

Remarks, Md. Homeo. Hospital.

8960002926

best conferred. Its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child of the mother, if born alive, and if dead, the cause of death, as far as can be ascertained by the said schedule shall be delivered, duly signed by the practitioner in the form of certificate hereinafter prescribed, to the Registrar of Vital Statistics of the district in which the birth occurs, or to the person appointed by the Commissioner of Health to receive the same, within ten days after the birth of any child third day of each and every month to the office of the Registrar of Vital Statistics of the district in which the birth shall occur, or to the person appointed by the Commissioner of Health to receive the same, and no other person be required to report such birth, unless such practitioner shall within the time above prescribed have delivered such schedule as aforesaid, duly signed, to the Registrar of Vital Statistics of the district in which the birth occurred, or to the person appointed by the Commissioner of Health to receive the same, and in the manner and with the particulars above specified. Any practitioner of midwifery, or should no other person be immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars above specified. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 June 1886
4. Place of Birth, (Street and Number) 1537 Eutaw St
5. Full Name of Mother, Elizabeth Butler
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Md
8. Full Name of Father, John C Butler
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Dr Wade

Address, 1828 Eutaw Pl

Remarks, None

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Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the name conferred; its sex, color, the full name, residence and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, within ten days after the birth, to the undertaker in the form of a bill. In case the birth of any child third day of each month to the office of the Commissioner of Health, or should no other person be required, and attendance upon the mother, immediately after the birth, in the manner and with the powers and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, June 1 90
4. Place of Birth, (Street and Number) 1723 Eutaw st
5. Full Name of Mother, Catherine
6. Mother's Maiden Name, Bell
7. Mother's Birthplace,
8. Full Name of Father, William Frederick Baker
9. Father's Occupation Carpenter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Corner Pitt

1 8 9 6 0 0 6 2 9 2 8

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month, and shall set forth as far as the same can be ascertained, the name and surname of its parents, the date and place of birth, and the sex, color, the full name and occupation in the form of a certificate to be furnished by the Commissioner of Health, and shall be delivered, duly signed, at the office of the Commissioner of Health, or such other person be in such schedule shall be delivered, duly signed, at the office of the Commissioner of Health, or such other person as he shall appoint to receive the same, within the first ten days of the third day of each and every month; and every physician or practitioner of midwifery, or other person who shall assist at the birth of any child shall occur without a physician or midwife, then the parent or parents, or in case of the absence of the parents, the person in charge of the house in which such child shall be born, shall report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74 A46

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 9
4. Place of Birth, (Street and Number) 243 South Dallas Street
5. Full Name of Mother, Kate Gunther
6. Mother's Maiden Name, Kate Ireland
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Gunther
9. Father's Occupation Weaver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M D

Address. The Johns Hopkins Hospital

Remarks, Child du Arachial Inanition, 11 June

16 1895

1896000029 29

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been conferred; if not, cause the same to be received, as the law requires. Blanks for the return of births will be furnished by the Registrar of Vital Statistics, on application. Physicians, midwives and others are required to make return of births to the Registrar of Vital Statistics, in the form of a certificate between the first and tenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the parents or parent of such child fail to report the birth as herein required, it shall become the duty of the person or persons in attendance upon the mother at the time of such birth, or within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 24 9
4. *Place of Birth, (Street and Number)*	221. W. Hamburg. st
5. *Full Name of Mother,*	Louisa Lawson
6. *Mother's Maiden Name,*	Louisa Seibel
7. *Mother's Birthplace,*	Baltimore. M. D
8. *Full Name of Father,*	Samuel Lawson
9. *Father's Occupation*	Upholsterer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	[illegible] Barry
Address,	711 [illegible] 6 [illegible] 26
Remarks,	

1 6 7 6 0 0 0 2 9 3 0

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Penalty for neglect to make this Return.—Any person required by the provisions of this section to make a return of a birth, who shall neglect to make such return within the time prescribed, and any midwife who shall neglect to report the birth at which she officiated, within the time prescribed, and any undertaker who shall neglect to report the burial of a child whose birth has not been registered, shall be liable to the Commissioner of Health, in the manner provided by this section for the recovery of penalties, to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, [illegible]

1896000029371

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month, and shall set forth as far as the same can be ascertained the date and place of birth and the name, residence and occupation of the parents, the date and place of marriage between the first and said parents, and such other information as may be required by the Commissioner of Health. Conferred) its sex, color, the full names and residence of the parents, the date and place of birth and the name, residence and occupation of the physician or midwife in the form of a certificate to be furnished by the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly filled out, to the office of the Commissioner of Health, or should no other person be in attendance within the time aforesaid, then the physician or midwife in attendance shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time aforesaid; and failure to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 10 '89
4. *Place of Birth, (Street and Number)* 122 [illegible]
5. *Full Name of Mother,* Jennie Sullivan
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* [illegible] Sullivan
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs [illegible] Brooks

Address, [illegible]

Remarks, [illegible]

1896000029332

month, and shall set forth as far as the same can be [illegible] of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation [illegible] in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 74 P 50

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 3 1895
4. *Place of Birth, (Street and Number)* 1456 Williamson
5. *Full Name of Mother,* Mrs Edgar
6. *Mother's Maiden Name,* Blaser
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Robert E Edgar
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, Mrs R Brooks

Address, 1503 Lake

Remarks, Mary Ann

18960602933

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turnish, and shall set forth as far as the same can be ascertained, the name, the date and place of birth; and the said midwife shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month after the birth of such child, to the Commissioner of Health, to certify the same; and shall report in like manner all cases of midwifery or sickness attended by any person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the requirements of this section shall be subjected to the fine of forty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colo
3. Date of Birth, June the 19
4. Place of Birth, (Street and Number) 24 Eden Street
5. Full Name of Mother, Phebe L Blackwell
6. Mother's Maiden Name, Phebe L Sandiker
7. Mother's Birthplace, Longgreen Baltimore Co
8. Full Name of Father, Frederick Blackwell
9. Father's Occupation, Sailor
10. Father's Birthplace, Rainmond Va

Name of Medical Attendant, or other person who makes this Return, Mrs Bryant

Address, 122 Bradley St

Remarks, Baby and Mother do good

18 26 00 02 934

SEC. 11. And be it further enacted, That it shall be the duty of the person or parents of such child to cause the same to be registered, and such person or parents shall be liable to the penalty hereinafter provided for neglect of duty in this behalf; and in case any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

484. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1330

RETURN OF A BIRTH. 74852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 11th 1896

4. Place of Birth, (Street and Number) No 1111 Ridgely St Balto

5. Full Name of Mother, Mary Margaret Mount

6. Mother's Maiden Name, Mary Margaret Kelfach

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, James Charles Mount

9. Father's Occupation Marble Worker

10. Father's Birthplace, New York City

Name of Medical Attendant, or other person who makes this Return, Miss Mary

Address,

Remarks, Mary Margaret Mount

18960002935

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife in attendance upon the birth of a child shall report the same to be recorded in the office of the Commissioner of Health within the period above required, and shall report at the same time the full name of such child, if any shall have been given it, and the full name and occupation of its parents, if ascertainable, and the place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife in attendance, to the person or parents of such child to report it to the Commissioner of Health, in order that a certificate of birth may be issued. It shall be the duty of each and every midwife or practitioner of midwifery, or attendant other than a physician, upon the birth of a child, to report the same to the Commissioner of Health within the period above required, and shall appear before the Commissioner of Health, in person, and make oath to the correctness of the schedule by her signed. It shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health within the period above required, and in default of such report the physician or midwife in attendance upon the mother shall forthwith report the birth. Any person who shall neglect or refuse to comply with the provisions of this section shall be guilty of a misdemeanor, and subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	VIII
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 11 1896
4. Place of Birth, (Street and Number)	820 Bunyan by Alley
5. Full Name of Mother,	Elizabeth Jones
6. Mother's Maiden Name,	" Gibbs
7. Mother's Birthplace,	Manchester England
8. Full Name of Father,	Kendrick Jones
9. Father's Occupation	Glass Worker
10. Father's Birthplace,	Wallsend England
Name of Medical Attendant, or other person who makes this Return.	Geo W Ed Offen M D
Address,	The Johns Hopkins Hospital
Remarks,	

8966002936

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RETURN OF A BIRTH. 74854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XIV
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, June 13 1896
4. Place of Birth, (Street and Number) 204 South Central Ave
5. Full Name of Mother, Annie Perry
6. Mother's Maiden Name, ?
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Perry
9. Father's Occupation Laborer
10. Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return. Dr W Dobbin Med Dy
Address, The Johns Hopkins Hospital
Remarks.

1896000029 37

Wm. J. C. Dulany Co., City Printers and Stationers.

(over)

RETURN OF A BIRTH. 74855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Name: Perry W. Wallace
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 6 0 0 0 2 9 3 8

Wm J. C. Dulany Co., City Printers and Stationers.

Every person required by the preceding section to make a return of a birth shall state the name and occupation of the parents, the color, the full name and occupation of the parents, if certificate between the first and second enumerations shall be delivered, duly signed by the practitioner in the form following. In case the birth of any child shall occur on any day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon birth to the Commissioner of Health. In the manner and within the time prescribed, and shall occur without the attendance of any practitioner it shall become the duty of the person or persons required to make a return of such birth as hereinbefore provided, within the time hereinbefore prescribed, and attendance upon birth to the Commissioner of Health. In the manner and within the time prescribed, and duly signed by the practitioner in the form following. In case the birth of any child shall occur without the attendance of any practitioner it shall become the duty of the person or persons required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female).* Female

2. *Race or Color, (if not of the white race).*

3. *Date of Birth,* June 6 - 96

4. *Place of Birth, (Street and Number)* 1000 E. Federal St

5. *Full Name of Mother,* Ida E. Benton

6. *Mother's Maiden Name,* " " Cheney

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* John T. Benton

9. *Father's Occupation,* Engineer

10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary A. Atwell

Address, 438 N Bond St

Remarks,

1 8 9 6 0 0 0 2 9 3 9

List of the births which have occurred in any family, and which have been conferred, its sex, color, the full name of each parent, its date and place of birth, and the full name of the practitioner in the form of a certificate between the first and fifth day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no such certificate be given within the time aforesaid, the parent, householder, or other person in the manner and within the period aforesaid, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 74857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 18th
4. Place of Birth, (Street and Number) 622 W Lombard St
5. Full Name of Mother, Mary Lang
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H. Utley M D

Address, 622 W Lombard St

Remarks,

1896000029 40

Wm. J. C. Dulany Co., City Printers and Stationers.

Now, it shall be the duty of the father, mother, householder, nurse or midwife, to report the full name and occupation of its parents, the date, place and number of the house where born, sex, color, and whether the first and only child, or twin, triplet, or other issue of the same birth, and the full name given to the child, which report shall be made in writing, and duly signed by the practitioner in the case, if there was one in attendance, and if not, by the father, mother, householder, nurse or midwife, as the case may be, within ten days after the birth, and before the child is removed from the house where born, and before the interment of the dead body of any child without a certificate from the Commissioner of Health, or his duly authorized agent, stating that the facts required by this section to be reported have been reported to him, or to the proper officer of the district in which the child was born, and the said certificate shall be delivered to the undertaker or other person having charge of the interment of such child; and it shall be the duty of the undertaker or other person having charge of the interment of such child to return the certificate aforesaid to the office of the Commissioner of Health, or to the proper officer of the district in which the child was born, within ten days after the interment of such child, with the indorsement thereon of the fact of such interment, signed by the undertaker or other person having charge of the interment; and it shall be the duty of the undertaker or other person having charge of the interment of any dead body for which a certificate of birth is required, and which is not found indorsed as aforesaid, to report the case to the Commissioner of Health, or to the proper officer of the district in which the body is interred, within the time aforesaid, and in default thereof it shall become the duty of the person having charge of the interment to make the return required, and attendance upon the mother, Commissioner of Health, in the manner and under the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. child to report the birth as herein required, or to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to report the birth as herein required, or to comply with the

been conferred its sex, color, the [illegible] name and occupation of [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 2nd
4. *Place of Birth, (Street and Number)* Sarah Ann St
5. *Full Name of Mother,* Mary Brown
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, H. Cilley

Address, 622 W Lombard St

Remarks,

896000294

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, June 4th -
4. Place of Birth, (Street and Number) 104 Hurdiss Court -
5. Full Name of Mother, Mary Deshields
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H Ritley

Address, 622 W Lombard st.

Remarks,

8960002942

Wm J C. Dulany Co., City Printers and Stationers.

Every physician or midwife, or other person who shall hereafter attend upon any birth, shall, within ten days thereafter, report the same to the Commissioner of Health in the form of a certificate between the first and third days of each and every month, and in case the birth of any child shall occur without the assistance of a physician or midwife, the parent or parents of such child shall report the birth to the Commissioner of Health within the period above required, and in default of such report as herein required, the mother, immediately thereafter, if able, and within the period above required, shall become liable to the penalty hereinafter provided. The certificate shall be signed by the Commissioner of Health, and no other person shall be authorized to sign the same. Every physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall refuse or neglect to make the return required by this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 7th
4. Place of Birth, (Street and Number) 226 Dawson al-
5. Full Name of Mother, Annie Howson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. H. G. Utley

Address, 622 W Lombard st.

Remarks,

18960002943

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the mother herself shall within the period above required, make return of such birth to the Commissioner of Health, in the manner herein provided. If she shall become the duty of the person in charge of the premises where such birth occurs to make such return. Any person or persons who shall hereafter fail to make the return required by this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74861

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, June 5th

4. Place of Birth, (Street and Number) 100 Winter st.

5. Full Name of Mother, Rachael Davis

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H F Miller

Address, 272 S Lombard st.

Remarks,

1896000029944

Wm J C. Dulany Co., City Printers and Stationers.

Every person who shall be present at a birth, or who shall have charge of any child born, shall report the sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health, within ten days after such birth has occurred; and in case the child shall be born dead, after the fifth month of gestation, the same shall be reported to the Commissioner of Health, and a certificate obtained from him before the burial thereof. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the time required by this section, the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the time required by this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74862

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 8th
4. Place of Birth, (Street and Number) 2302 Brunt St.
5. Full Name of Mother, Georgia Cosby
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, A. G. Utley

Address, 622 W Lombard St.

Remarks,

1896000029 45

Wm J C Dulany Co., City Printers and Stationers.

Above, is to be written the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or person in charge of such child shall deliver, or cause to be delivered, duly signed by the practitioner in the form following, a certificate of such birth to the office of the Commissioner of Health, within the first and third days of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance, then it shall be the duty of the parent or person in charge of such child to make such certificate as aforesaid. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or person in charge of such child shall, within ten days thereafter if shall become the duty of the person or persons required, and in the manner and form aforesaid, to make such certificate as aforesaid. For neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June - 9th
4. Place of Birth, (Street and Number) 828 Pomony Lane
5. Full Name of Mother, Annie Johnston
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H. G. Utley

Address, 622 W. Lombard st

Remarks,

69600002946

been conferred) its sex, color, the name and the practitioner in the form of a certificate between the 1st and 5th days of each and every month, of all births occurring during the preceding month. In case of any child shall occur without the mother, immediately thereafter, in like manner and within the period above specified, a certificate shall be subscribed and delivered, duly signed by the Commissioner of Health, or some other person be in attendance upon the mother, or if there be no such person, then the occupier of the house in which such birth shall occur, shall within the period above specified, report the birth to the Commissioner of Health, in like manner; and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 74864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15th
4. Place of Birth, (Street and Number) Md. Gen'l Hospital
5. Full Name of Mother, Lena Rubenson
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Md
8. Full Name of Father, McKinnon
9. Father's Occupation
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who witnesses this Return, Dr. Simpson M.D.

Address, Md. Gen'l Hospital -

Remarks,

18460002947

Wm. J. C. Dulany Co., City Printers and Stationers.

months, and shall set forth as far as the same can be ascertained, the name, the date and place of birth, and the sex, color, the full name and occupation of the father, of each child born alive, and the date of the death of each child which shall have been born dead. Such return shall be made in the form of a certificate between the first and tenth of each month, duly signed by the attending physician or midwife, or if there be no physician or midwife present at the birth, then by the father or mother of the child, or the householder or other person having knowledge of the facts, on blanks to be furnished for that purpose by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if there be no physician or parents of such child present at the birth, then the father or mother of such child, or the householder in whose house it was born, shall within the period above required, and immediately thereafter, if absent, report the particulars of such birth to the Commissioner of Health, and shall comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 11th 1896
4. Place of Birth, (Street and Number) 676 Pierce St.
5. Full Name of Mother, Sarah Roane
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. H. G. Cather

Address, 672 W. Lanvale St.

Remarks,

1896000029 48

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74866

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, June 11th 96
4. Place of Birth, (Street and Number) 929 Plumb al
5. Full Name of Mother, Lizzie Kiggs -
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. H. G. Little

Address, 622 W Lombard st.

Remarks,

1 6 9 6 U 0 0 2 9 4 9

Wm J C. Dulany Co., City Printers and Stationers.

...month, the name, color, the full name and occupation of its parents, the date and place of birth of such child, and such other information in the form of a certificate as may be required by the Commissioner of Health, and within the time specified by him, and no other person be required to make such return, and no other certificate or record of the birth of any child shall be recorded or be entitled to be recorded in the Bureau of Vital Statistics, or should no other person be in said city or county within ten days after the birth of any child, then it shall be the duty of the person or persons in charge of the premises where the birth occurs, and every person who shall neglect or refuse to make such return as herein required, and every physician or midwife who shall neglect or refuse to make the certificate required by this section, shall be subject to the penalty imposed by this section. The return of births required by this section shall be made immediately thereafter, and in the manner and within the period specified by the Commissioner of Health, and every person who shall fail to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offence, to be recovered in other suits and forfeitures are recoverable. ...attendance upon the mother or child, or who shall neglect or refuse to make the return required by this section, shall be subject to the penalty imposed by this section. The return of births required by this section shall be made immediately thereafter, and in the manner and within the period specified by the Commissioner of Health, and every person who shall fail to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offence, to be recovered in other suits and forfeitures are recoverable. ...person or persons who shall neglect or refuse to make the return required by this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other suits and forfeitures are recoverable.

RETURN OF A BIRTH. 74-867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, June 12th
4. Place of Birth, (Street and Number) 5 W Lanvale St.
5. Full Name of Mother, Martha Hughes
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H. G. Keller

Address, 622 W Lanvale St.

Remarks,

1896000029 50

Wm J C. Dulany Co., City Printers and Stationers.

Name, sex, color, the full name and occupation of its parents, the exact place of birth and residence of each, and such other facts as may be required by the Commissioner of Health. In case a certificate between the first and fourth day of each month, and every certificate shall be signed by the practitioner in the presence of the person making the return. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be present at the birth, the mother herself shall become the duty of the person making the return to report in writing to the Commissioner of Health the facts required above, and shall be subject to the penalties imposed by the provisions of this section shall be enforced upon the mother, immediately after the birth of any child who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12 - 96
4. Place of Birth, (Street and Number) Md Gen Hosp
5. Full Name of Mother, Annie Gray
6. Mother's Maiden Name, Dorsey
7. Mother's Birthplace, Md Gen Hosp
8. Full Name of Father, Unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, O'O Lumpkin M.D.

Address, Md Gen Hosp

Remarks,

18960002951

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12 1946
4. Place of Birth, (Street and Number) Md Gen Hosp
5. Full Name of Mother, Edna Priver
6. Mother's Maiden Name, Brust
7. Mother's Birthplace, Md
8. Full Name of Father, [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace, [illegible]

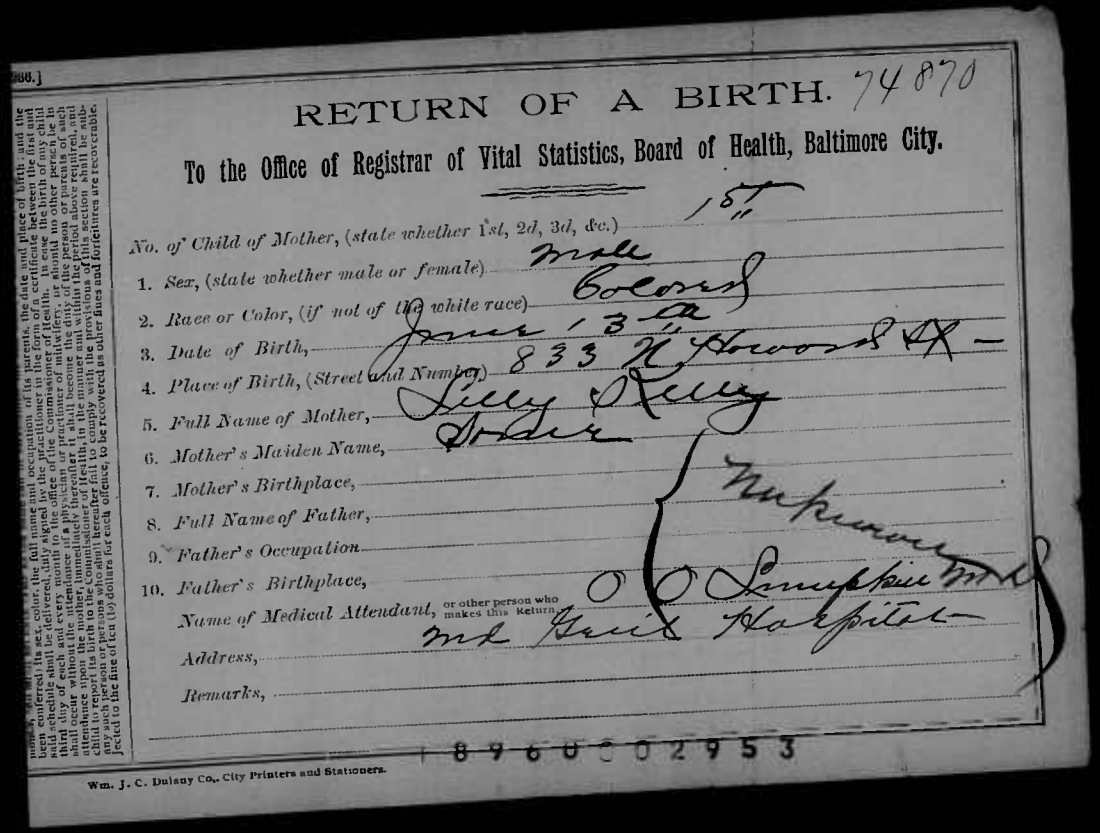
Name of Medical Attendant, or other person who makes this Return, [illegible] Md Gen Hosp

Address,

Remarks,

1896000 7952

Wm. J. C. Dulany Co., City Printers and Stationers.



RETURN OF A BIRTH. 74870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 13 1900
4. Place of Birth, (Street and Number) 833 N. Howard St
5. Full Name of Mother, Lilly Kelly
6. Mother's Maiden Name, Snider
7. Mother's Birthplace, Unknown
8. Full Name of Father, Unknown
9. Father's Occupation
10. Father's Birthplace, Unknown

Name of Medical Attendant, or other person who makes this Return, Mt. Sinai Hospital

Address,

Remarks,

18960002953

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 74871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th & 8th (Twins)

1. Sex, (state whether male or female) Male & Female

2. Race or Color, (if not of the white race) Blk

3. Date of Birth, June 13 46

4. Place of Birth, (Street and Number) Md Gen'l Hospital

5. Full Name of Mother, Baby Ward-

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Unknown

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, O. O. Lumpkin M.D.

Address, Md Gen'l Hosp-

Remarks,

I 6960002954

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and after the birth of a child in the same City or Precincts, the date and place of birth; and the full name and occupation of the father, if known, and the maiden name of the mother, in the form of a certificate hereto annexed, which certificate shall be signed by the physician or midwife in attendance upon the birth, or by the father or mother of such child (if such child was not attended at birth by a physician or midwife), or by the householder in whose house such child was born (if born elsewhere than in a house), or by the agent of such householder (if such householder be absent from the City or Precincts), or by the owner or agent of the building or tenement in which such child was born (if there be no householder resident therein). It shall become and within the period above named, it shall be the duty of the physician or midwife in attendance upon the birth, or the person required to report the birth, to comply with the provisions of this section, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 74 872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 14
4. Place of Birth, (Street and Number) Md Gen Hosp-
5. Full Name of Mother, Mary Purnell
6. Mother's Maiden Name, Dorsey
7. Mother's Birthplace, Md-
8. Full Name of Father, Unknown
9. Father's Occupation Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Md Gen Hospital

Address,

Remarks,

1876 00 02955

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the name and occupation of its parents, the date and place of birth, and the [illegible] additional in the form of a certificate [illegible] the birth of any child [illegible] the Commissioner of Health, [illegible] no other person be in [illegible] there are present at the birth of any child [illegible] the duty of the person or parents, if [illegible] and within the [illegible] section shall be sub- [illegible] to comply with the provisions of this section [illegible] other rules and forfeitures are recoverable. [illegible] persons who shall neglect [illegible] such offence, to be recovered as other rules and forfeitures are recoverable, [illegible] dollars for each offence, to be recovered as other rules and forfeitures are recoverable, [illegible] the sum of ten (10) dollars for each offence, to be recovered as other rules and forfeitures are recoverable.

...d.]

RETURN OF A BIRTH. 74873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 14 - 96
4. *Place of Birth, (Street and Number)* Mt Hope Hosp
5. *Full Name of Mother,* Mary Jones
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Unknown
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, O. O Longfellow M.D.

Address, Mt Hope Hospital

Remarks,

months, and shall be delivered, duly signed by the parent or parents, the date and place of birth, and the name conferred) its sex, color, the full name and occupation of its parents, the date and place of their marriage, and the said schedule shall be delivered, duly signed by the parent or parents as aforesaid, within the first ten days after the birth of any child born in said city, which evidence shall be delivered at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or at one to other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required; and any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896 0 0 2956

RETURN OF A BIRTH. 74874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 14th '96
4. Place of Birth, (Street and Number) 311 Montgomery st.
5. Full Name of Mother, Rosa Johns
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H. G. Wetter

Address, 628 W Lombard st.

Remarks,

1896000029957

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Registrar of Vital Statistics, or should no other person be in attendance with the certificate of a physician or practitioner of midwifery, or should the person or persons required, and shall occur upon the mother, immediately thereafter, in the manner and within the time prescribed by this section, it shall become the duty of the person or persons in whose house or premises such birth shall occur, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 14th '96
4. Place of Birth, (Street and Number) 721 Myrtle Court.
5. Full Name of Mother, Maggie Wilkes.
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. H. G. Jetty M.D.

Address, 632 W Lombard st.

Remarks,

1876000 2958

Wm. J. C. Dulany Co., City Printers and Stationers.

tion conferred. In sex, every male child born in this city, a certificate in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, in the manner and within the time prescribed by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the birth, the parent or parents of such child, or the occupant of the house in which such child was born, shall within ten days after the birth of such child report the same to the Commissioner of Health, in the manner and within the time prescribed by the Board of Health. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 14th 96
4. Place of Birth, (Street and Number) 224 Bowers Court.
5. Full Name of Mother, Mary Harris
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H. G. Athey M.D.

Address, 622 W Lombard St.

Remarks,

1896 0002959

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of the father of such child, the first and full name of the mother, the place of birth, and the number of such child. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at such birth, it shall become the duty of the person in whose house or on whose premises such birth shall occur, to report the same to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-29-55

RETURN OF A BIRTH. 74877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mittie Cecilia ~~Washington~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 14th 96
4. Place of Birth, (Street and Number) 622 W Lombard St
5. Full Name of Mother, Bettie Washington
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H Tilley M.D.

Address, 622 W Lombard St.

Remarks,

I 8960002960

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and residence of the parents, the date of the birth of any child and such other particulars as may be required by the Commissioner in the form of a certificate between the first and fifth days of each month, to the office of the Registrar of Births, a return stating the birth of any child which shall occur without the attendance of a physician or practitioner of midwifery, or some other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and any person neglecting to make such report shall be guilty of a misdemeanor, and upon conviction for a violation of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Fem
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 15th
4. Place of Birth, (Street and Number) 622 W Lombard st.
5. Full Name of Mother, annie Strong
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, A Kelly

Address, 622 W Lombard St.

Remarks,

1896002961

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the particular of between the first and said schedule shall be delivered, duly signed by the practitioner in the case of birth. In case the birth of any child third day of such month every such physician or practitioner of midwifery or should no other person be in shall ever reside or happen in any house or tenement within the limits of this section, it shall be the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time prescribed in this section, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. June 16th 96
4. Place of Birth, (Street and Number) 926 China St.
5. Full Name of Mother, Mary Chauncy
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
Name of Medical Attendant, or other person who makes this Return, H. G. Ritchey M.D.
Address, 622 W Lafayette St.
Remarks,

1896000029962

Wm J C. Dulany Co., City Printers and Stationers.

Every midwife or person other than a physician or surgeon who shall be in attendance upon any birth, shall, within the first and second weeks after the birth, report the same to the Commissioner of Health, in the manner and within the period above required, and shall deliver, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, a list of the births of any child which shall occur without the attendance of any physician or surgeon, or of midwife, or should no other person be in attendance, the mother herself shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Mate
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 18th 96
4. Place of Birth, (Street and Number) 902 Harmony Lane
5. Full Name of Mother, Alberta Robertson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H. G. Ittley M. D.

Address, 622 w Lombard ob-

Remarks,

1896000002963

Wm J C. Dulany Co., City Printers and Stationers.

Any person conferring its sex, color, the full name and occupation of the parents, the number of the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall not be reported within the time above required, the midwife or other person in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. June 18th
4. Place of Birth, (Street and Number) 406 Elbow Lane
5. Full Name of Mother, Hesler Morris
6. Mother's Maiden Name, Hester Morris
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H Utley M.D.

Address, 622 N Lamborn St.

Remarks,

1896000029664

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18th
4. Place of Birth, (Street and Number) 622 W Lombard St.
5. Full Name of Mother, Mary Kirkwood
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Luther

Address, 622 W Lombard

Remarks,

8960002965

Wm J. C. Dulany Co., City Printers and Stationers.

month, and the year of his or her birth; the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the birth conferred) (as sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any licensed practitioner of midwifery, or should no other person be in attendance who shall be required to report the birth to the Commissioner of Health, the parent or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 6th
4. Place of Birth, (Street and Number) 622 W. Lombard St.
5. Full Name of Mother, Rosella Jackson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation.
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. A Utley M.D.

Address, 622 W Lombard St.

Remarks,

1896 0002966

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health, on blanks furnished by him for that purpose. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required by this section to make return thereof, it shall become the duty of the person in charge of such child to report in like manner to the Commissioner of Health, in the manner and within the time above specified, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth. June 22
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Maggie Day
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H Tilley

Address, 622 W Lombard

Remarks,

8960002967

Wm J C. Dulany Co., City Printers and Stationers.

month, and who, not being the father, is not the actual occupant of its parents the date and place of birth, and the name, if any, and sex of such child, and the full name, age and place of birth of the parents of such child. In case the birth of any child shall occur without the limits of the city, but the parents or mother of such child shall subsequently reside within the city, the physician or midwife, or should no other person be in attendance at the birth, then the parent or parents, guardian or other person having charge of such child shall report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section. Any physician or midwife who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race) colored
3. Date of Birth, June 24
4. Place of Birth, (Street and Number) 940 Booth St.
5. Full Name of Mother, Sarah Gibson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. A Utley M.D.

Address, 622 W Lombard st

Remarks,

1846U002968

Wm J C. Dulany Co., City Printers and Stationers.

74886

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) .... Male
2. Race or Color, (if not of the white race) .... Colored
3. Date of Birth, ... June 24th
4. Place of Birth, (Street and Number) .... 622 W Lombard st
5. Full Name of Mother, ... Bertha Bacon
6. Mother's Maiden Name, ...
7. Mother's Birthplace, ...
8. Full Name of Father, ...
9. Father's Occupation, ...
10. Father's Birthplace, ...

Name of Medical Attendant, or other person who makes this Return, ... H G Utley M.D.

Address, ... 622 W Lombard St.

Remarks, ...

1896002969

month, and shall set forth as far as [illegible] of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 24th 96
4. Place of Birth, (Street and Number) 320 Boyd st
5. Full Name of Mother, Lillie Thomas
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, A Gilbert M.D.

Address, 022 W Lombard st.

Remarks,

+ 8960002970

Wm J C. Dulany Co., City Printers and Stationers.

Every person who shall neglect to state the full name and occupation of its parents, the time and place of the birth of any child as required by the preceding section, or shall refuse to sign the return of the birth of any child when required by the practitioner in the form of a certificate between the birth of any child and the time when such child shall be delivered to the office of the Commissioner of Health, or shall give any false information touching the same, or shall neglect to state the day of the month on which such return was made, or shall refuse to sign the same, or shall neglect to state the day of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~7th~~ 1

1. Sex, (state whether male or female) 7 lb.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. June 24th
4. Place of Birth, (Street and Number) 622 W Lombard St.
5. Full Name of Mother, Laura Cornish
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H Tilley

Address, 622 W Lombard

Remarks,

1896 0 0 0 2 9 7 1

Wm J C Dulany Co., City Printers and Stationers.

month, and shall set forth, so far as the same can be ascertained, the date and place of birth, and the full name and occupation of the parents, the date and place of their marriage, and the number of children born to the mother, in the form of a certificate to be furnished by the Commissioner of Health. If a child be born alive and shall die without having been conferred, his sex delivered, duly signed by the person in attendance at the birth, and if there be no other person he is required to make such return immediately thereafter. If a child be born dead, a return shall be made in like manner as in the case of a child born alive, except that the word dead shall be written across the face thereof. Every such return shall be made within the period and in the manner aforesaid, and shall occur without the attendance at the birth of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, and within the period aforesaid, and every month thereafter, a like report shall be made of every birth which shall occur without the attendance of a physician or practitioner of midwifery, and every person who shall neglect or refuse to make any return required by this section, or who shall make a false return, shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, June 29 –
4. Place of Birth, (Street and Number) Md Gen Hosp –
5. Full Name of Mother, Daisy Scribner
6. Mother's Maiden Name, Dorsey
7. Mother's Birthplace, Md –
8. Full Name of Father, Unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, O. O. Smythe

Address, Md Gen Hospital –

Remarks,

[illegible] 64600302972

Wm. J. C. Dulany Co., City Printers and Stationers.

1896
5

RETURN OF A BIRTH. 74 890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23 1896
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Mary Ansbury
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, A Tilley M.D.

Address, 622 W Lombard st

Remarks,

+ 8960002973

Wm J C. Dulany Co., City Printers and Stationers.

Every Physician, Midwife or other person who shall assist at the birth of any child in this city, shall cause the birth of such child to be registered with the Registrar of Births, at the office of the Board of Health, within ten days after such birth, and shall report the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately the child to report its birth to the Commissioner of Health, who shall thereupon cause the same to be registered in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence. All penalties and forfeitures are recoverable.

RETURN OF A BIRTH. 74891

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25
4. Place of Birth, (Street and Number) 622 W Lombard st
5. Full Name of Mother, Mary O Hoaler
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H Utley

Address, 622 W. Lombard St.

Remarks,

1 8 7 6 0 0 0 2 9 7 4

Wm J C Dulany Co., City Printers and Stationers.

Any midwife or person other than a physician or practitioner in the form of a certificate between the first and third day of each month, and any physician or practitioner in attendance upon the mother, immediately thereafter, in case the birth of any child shall occur without the attendance of a physician or practitioner in attendance upon the mother, immediately thereafter, shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 26th
4. Place of Birth, (Street and Number) 622 W Lombard st.
5. Full Name of Mother, Bessie Hawkins
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. H Tilley M.D.

Address, 622 W Lombard st.

Remarks,

[illegible] a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960002975

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 28 '96
4. Place of Birth, (Street and Number) 63-3 Oxford St.
5. Full Name of Mother, Mary Hall
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. H Miley M.D.

Address, 622 W Lombard St.

Remarks,

18960002976

(third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of a Division or practitioner of midwifery, or should no other person be in attendance within that time, the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 24 / 96
4. Place of Birth, (Street and Number) 622 W Lombard St.
5. Full Name of Mother, Estelle Wolcas
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, A Utley M.D

Address, 622 W Lombard St.

Remarks,

1896000 2977

Wm J C. Dulany Co., City Printers and Stationers.

keep conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, or midwife, it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten hundred dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 74895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the case, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, a certificate between the first and said date, stating the name, sex, color, date and place of birth of any child born during the preceding month, and the name of the parent or parents of such child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, June 26
4. Place of Birth, (Street and Number) Md Genl Hospital
5. Full Name of Mother, Annie Walker
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Md
8. Full Name of Father, Unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, O O Longfellow M D

Address, Md Genl Hospital

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1896 B 002978

RETURN OF A BIRTH. 74896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 29
4. Place of Birth, (Street and Number) 622 W Lombard st
5. Full Name of Mother, Henrietta Davis
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, A Kelly M D

Address, 622 W Lombard St.

Remarks,

1896000029 79

Wm J C. Dulany Co., City Printers and Stationers.

Every birth shall be registered, duly signed by the practitioner in the form of a certificate herein provided, and the third copy certificate delivered every month to the office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period herein required, and such child shall be reported as a foundling. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-8-59

RETURN OF A BIRTH. 74897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph William Mumaw

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 6, 1896.
4. Place of Birth, (Street and Number) 14 Sloan Hill - Rd, Vernon.
5. Full Name of Mother, Anna Gretta Mumaw.
6. Mother's Maiden Name, Spellman.
7. Mother's Birthplace, Md.
8. Full Name of Father, Charles Lee Mumaw.
9. Father's Occupation Cotton ~~Laborer~~. Mill operative.
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Litchell M.D.

Address, 291 Chestnut ave.

Remarks,

8960002980

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said scheme shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or some one of the persons in attendance upon the mother, immediately thereafter, to report its birth to the Commissioner of Health. In the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-6-56

RETURN OF A BIRTH. 74898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Irene Linton

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7th 1896
4. Place of Birth, (Street and Number) 716 Cumberland st
5. Full Name of Mother, Mrs. Elizabeth Linton
6. Mother's Maiden Name, Rowe
7. Mother's Birthplace, Frederick City, Md
8. Full Name of Father, Mr George W. Linton
9. Father's Occupation, Barber
10. Father's Birthplace, Charlestown, W. Va.

Name of Medical Attendant, or other person who makes this return. Dow. E. Miller M.D.

Address, 2239 Pennsylvania Ave.

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

1896000029811

RETURN OF A BIRTH. 74899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2a Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7, 1896
4. *Place of Birth, (Street and Number)* 1243 Battery Ave
5. *Full Name of Mother,* Addie Clark
6. *Mother's Maiden Name,* Addie George
7. *Mother's Birthplace,* Cecil Co
8. *Full Name of Father,* James T. Clark
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Cecil Co

Name of Medical Attendant, or other person who makes this Return, Dr. R. Lawrence

Address, 213 E Heathcote

Remarks, Living Well

Said schedule shall be delivered, duly signed by the practitioner in charge, to the proper officer of the district in which the birth took place, within ten days after the birth; and the said officer shall, without this attendance of a physician or practitioner of midwifery, or such other person in charge of any child attendance upon the mother therefor, call upon the person or persons in charge of such child, and it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health. If the person or persons in charge of such child shall neglect or refuse to comply with the requirements of this section within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH 74900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7th 96
4. Place of Birth, (Street and Number) 317 N Mount St
5. Full Name of Mother, Carrie Douglas Harvey
6. Mother's Maiden Name, Carrie Douglas McDonald
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Warner Hursh Harvey
9. Father's Occupation, Conductor
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Phil S Ewell M D

Address, 642 N Fulton Ave

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month succeeding the occurrence of such births. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should there be other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents shall likewise be required to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. KELSEY & CO., CITY PRINTERS AND STATIONERS

0760002985

CERTIFICATE CORRECTED 4-26-36

RETURN OF A BIRTH. 74 901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hilda Corinne Leibold

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8/96
4. Place of Birth, (Street and Number) 603 N. Calhoun St
5. Full Name of Mother, Lora B. ~~Leibold~~ Leibold
6. Mother's Maiden Name, " " Webb
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Gordon ~~Leibold~~
9. Father's Occupation Travel Cig Salesman
10. Father's Birthplace, Wilmington Del

Name of Medical Attendant, or other person who makes this Return, Jas. E. Gibbons M.D.

Address, 1102 W. Lafayette Ave

Remarks,

B 4 6 0 0 0 2 9 8 4

said schedule shall be delivered, duly signed by the practitioner in charge, the date and place of birth, and the name, if any, of such child, and in default of such certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case a birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in charge of such child report the birth, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health in the form and manner above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 8. (12. 10. A. M.)
4. Place of Birth, (Street and Number) 1519 Clarkson Street E. Balto.
5. Full Name of Mother, Friedrike Webber
6. Mother's Maiden Name, Jung
7. Mother's Birthplace, Paris - France.
8. Full Name of Father, John Webber
9. Father's Occupation, Farmers Maker,
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kamm (for the Mothers Relief Society)

Address, 632. N. Fremont Ave.

Remarks,

8960802985

Wm. J. C. Dulany Co., City Printers and Stationers.

Each contained as sex, color, the full name and occupation of its parents, the date and place of birth; and the said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month at the office of the Commissioner of Health. In case the birth of any child shall occur without the city, a like return shall be made by the person in charge of such child. Any person in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 5, 1896.
4. *Place of Birth, (Street and Number)*	344 Elm ave.
5. *Full Name of Mother,*	Grace Lessland.
6. *Mother's Maiden Name,*	Mark.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Charles Henry Lessland.
9. *Father's Occupation*	Clerk.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. D. Mitchell M.D.
Address,	291 Cleadmont ave.
Remarks.	

1896 U 802986

Wm. J. C. Dulany Co., City Printers and Stationers.

Any midwife who shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person as in attendance upon the mother, immediately thereafter, make the return required by this section, the child to report its birth. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th
4. Place of Birth, (Street and Number) West st. 718 Baltimore
5. Full Name of Mother, Margret Watson
6. Mother's Maiden Name, Margret Loh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alfred Watson
9. Father's Occupation Labor mare
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Murrah

Address, 120 Leadenhall St

Remarks,

0760502987

Wm. J. C. Dulany Co., City Printers and Stationers.

Third. Every physician, midwife or other person who shall neglect or refuse to make the return required by this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74 905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 8th 18-96
4. *Place of Birth, (Street and Number)*	Fulton st No 5-30
5. *Full Name of Mother,*	Elizabeth riley
6. *Mother's Maiden Name,*	Elizabeth engle part
7. *Mother's Birthplace,*	howard Co Md
8. *Full Name of Father,*	George riley
9. *Father's Occupation*	boiler maker
10. *Father's Birthplace,*	howard Co Md
Name of Medical Attendant, or other person who makes this Return,	mrs S Kelley
Address,	No 19-22 Watkins Av
Remarks,	

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 74906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 9 — 1896
4. Place of Birth, (Street and Number) 711 S. Broadway
5. Full Name of Mother, Rose Restivo
6. Mother's Maiden Name, Restivo
7. Mother's Birthplace, Italie
8. Full Name of Father, Mariano Restivo
9. Father's Occupation Fruit Dealer
10. Father's Birthplace, Italie

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Oral St.

Remarks,

8 Y 6 U 0 0 2 9 8 9

Wm. J. C. Dulany Co., City Printers and Stationers

Sec. 7. Be it further enacted, That every birth shall be registered, and a certificate thereof shall be delivered, duly signed by the practitioner in the case, or other person present at the birth, stating the time and place of birth, and the name, sex and color of the child, which certificate shall be primâ facie evidence in all courts of the facts therein stated; and every midwife, or other person (except the father or mother) who shall after the passage of this act, be present at the birth of any child, shall within ten days thereafter, make a return of such birth to the office of the Commissioner of Health, in the manner above provided; and every physician in attendance upon the mother during her confinement, shall make return of the birth of such child to the Commissioner of Health, in the manner and within the time above required. And every such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Nettie Marie Harrison

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5:30 P.M. June 10, 1896.
4. Place of Birth, (Street and Number) 1006 Light St
5. Full Name of Mother, Jennie Hayden Harrison
6. Mother's Maiden Name, Jennie Hayden
7. Mother's Birthplace. Richmond, Va.
8. Full Name of Father, John T. Harrison
9. Father's Occupation, B+O R. R.
10. Father's Birthplace. Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. C. Applegarth M.D.

Address, [illegible] ADDED 2-3-53 ; 8 East Montgomery st.

Remarks. Normal No puerperal trouble

Wm J C. Dulany Co., City Printers and Stationers. 6 9 6 0 0 0 2 9 9 0

Every midwife, physician or practitioner of midwifery, or should the birth of any child occur without the attendance of either, then the owner or occupier of the house in which such birth shall occur, or the parent of such child, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 10 - 96
4. Place of Birth, (Street and Number) 1601 E. Monument
5. Full Name of Mother, Ada M. Cushman
6. Mother's Maiden Name, Ada M. Ray
7. Mother's Birthplace, Balto
8. Full Name of Father, George A. Cushman
9. Father's Occupation, Laborer
10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary A. Allwell

Address, 1438 N Bond St

Remarks,

...and each day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

8960002991

RETURN OF A BIRTH. 74909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth. June the 10=18=96
4. Place of Birth, (Street and Number) Maria anna st No 202
5. Full Name of Mother, Mary miller
6. Mother's Maiden Name, Mary Schalitzky
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Bamiller
9. Father's Occupation Stock fitter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs J Kelley

Address, 1019 22 Milliam Ave

Remarks. mrs Kelley North st No 37

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 6 0 0 0 2 9 9 2

Every day of each and every month to the office of the Commissioner of Health. There shall be a like certificate between the first and fifth days of each month to the Commissioner of Health, of any child born within the limits of Baltimore City during the preceding month, without the attendance of a physician or practicner of midwifery, or should no other person be in attendance within ten days thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12 1896
4. Place of Birth, (Street and Number) 972 Hollins St
5. Full Name of Mother, Maggie Burke
6. Mother's Maiden Name, Hynes
7. Mother's Birthplace, Balto.
8. Full Name of Father, Michael Burke
9. Father's Occupation Iron Moulder
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Dr Norwood

Address, [illegible]

Remarks, Reg'n Fee 25¢

Wm. J. C. Dulany Co., City Printers and Stationers.

B V 6 U 0 0 2 9 9 3

Third day of each and every month to the office of the Commissioner of Health, and the certificate shall be signed by the practitioner in the form of a certificate between the first and attendance upon the mother, immediately after the birth of any child born alive, to report its birth to the Commissioner of Health, and within the period above required such practitioner shall become the duty of the person or persons in attendance upon the mother, immediately after the birth of any child born alive, to report its birth to the Commissioner of Health, and within the period above required such duty shall devolve upon the person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of Fifty Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74911

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth. (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1896000 2994

Wm J C. Dulany Co., City Printers and Stationers.

Every case of each and every month to the office of the Commissioner of Health, a certificate between the first and fifteenth days of the month following that in which such birth shall occur without the attendance of a physician or practitioner of midwifery. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the mother, immediately thereafter it shall become the duty of the person in charge of such mother and child to report in like manner, to the best of her knowledge and belief, the particulars required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-11-56

RETURN OF A BIRTH. 74912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sadye Samler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 13 - 18 96
4. *Place of Birth, (Street and Number)* Font Hill Av. No. 33
5. *Full Name of Mother,* Elizabeth Samler
6. *Mother's Maiden Name,* Elizabeth Franklin
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* isadore Samler
9. *Father's Occupation* iron worker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 19-22 Wilkins Av

Remarks,

... day of each and every month to the ... ioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 6 0 5 0 2 9 9 5

RETURN OF A BIRTH. 74813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 13 — 1896
4. Place of Birth, (Street and Number) 208 S. Castle St.
5. Full Name of Mother, Maggie Gaetz
6. Mother's Maiden Name, Behm
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Casper Gaetz
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Oak St.

Remarks,

1896 U 002996

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife or other person who shall register the name and place of birth and the sex of any child born in Baltimore City, shall, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the attendance upon the mother, immediately after the birth, to notify the Commissioner of Health, in the manner and within the period above required, and such attendant or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14th 1896
4. Place of Birth, (Street and Number) 1017 Lemmon ave
5. Full Name of Mother, Lattie Thomas (Lindsay)
6. Mother's Maiden Name, Durant
7. Mother's Birthplace, Virginia
8. Full Name of Father, Peter Lindsay
9. Father's Occupation, Car Builder
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr. J. C. Lowndes

Address, 1524 Druid Hill Ave

Remarks, Born Alive

If any midwife, nurse or other person, not duly signed by the practitioner in the form of a certificate between the date of the birth of any child and the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of any child, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any midwife, nurse or other person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered at the same time the occupation of its parents, the date and place of birth and the third day of each and every month after the Practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of the healing art, it shall become the duty of the person in attendance upon the mother, immediately thereafter it shall become the duty of the person to be in charge of the premises where such birth occurred, and within the period above required, and duly file with the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 14 1896
4. *Place of Birth, (Street and Number)*	312 21 Gilmor St
5. *Full Name of Mother,*	Carrie S. Gittins
6. *Mother's Maiden Name,*	Carrie Sturt.
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Edmund L Gittins
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Balto city
Name of Medical Attendant, or other person who makes this Return,	G. W. Slater, M.D.
Address,	1636 Eutaw St
Remarks,	

8960029 98

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14/96
4. Place of Birth, (Street and Number) 1532 E. Madison St.
5. Full Name of Mother, Birdie Cohen
6. Mother's Maiden Name, Birdie Pfefferling
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Cohen
9. Father's Occupation Merchant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Thomas Sadler M.D.

Address, 700 E Baltimore St.

Remarks,

B 4 6 0 0 0 2 9 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 14 — 1896
4. Place of Birth, (Street and Number) 117 S. Dallas St.
5. Full Name of Mother, Sara L. Smith
6. Mother's Maiden Name, Clover
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Smith
9. Father's Occupation Laborer
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks,

B V 6 U 0 3 0 0 0

Wm. J. C. Dulany Co., City Printers and Stationers

Every Physician, Midwife or other person who shall render professional assistance in any case of birth, shall, within ten days thereafter, make return thereof to the Commissioner of Health, in the manner and form prescribed by the Board of Health, and every such return shall be signed by the practitioner in the case, if there be one, and if not, by the parent or nearest relative present at the birth; and every such practitioner or person who shall neglect or refuse to make such return, as herein required, shall forfeit and pay for each offence the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable. Every midwife or other person who shall render professional assistance in any case of birth, shall, within ten days thereafter, make return thereof to the Commissioner of Health, in the manner and form prescribed by the Board of Health, and every such return shall be signed by the practitioner in the case, if there be one, and if not, by the parent or nearest relative present at the birth; and every such practitioner or person who shall neglect or refuse to make such return, as herein required, shall forfeit and pay for each offence the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

Every Physician, Midwife or other person who shall render professional assistance in any case of birth, shall, within ten days thereafter, make return thereof to the Commissioner of Health, in the manner and form prescribed by the Board of Health, and every such return shall be signed by the practitioner in the case, if there be one, and if not, by the parent or nearest relative present at the birth; and every such practitioner or person who shall neglect or refuse to make such return, as herein required, shall forfeit and pay for each offence the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 15
4. *Place of Birth, (Street and Number)*	204 S Wolf Street
5. *Full Name of Mother,*	Laura Freeman
6. *Mother's Maiden Name,*	" Gray
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Isaac Freeman
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace.*	Balto
Name of Medical Attendant, or other person who makes this Return,	Chas W Dobbin MD
Address.	The Johns Hopkins Hospital
Remarks.	

8 7 6 U 0 0 3 0 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...may, in each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as herein required, and with the particulars required; and such person or parents who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236]

RETURN OF A BIRTH. 74919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The seventh child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 June
4. Place of Birth, (Street and Number) 1105 Fleet Lancy street
5. Full Name of Mother, Mary O Gorman
6. Mother's Maiden Name, Mary Hughes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John O Gorman
9. Father's Occupation Labor
10. Father's Birthplace, Irland

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 214 N. Crose st

Remarks,

8 9 6 0 0 0 3 0 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colerd
3. Date of Birth, June th 15 1896
4. Place of Birth, (Street and Number) 35 Cambel st
5. Full Name of Mother, Liser gumby
6. Mother's Maiden Name, Liser porter
7. Mother's Birthplace, Cambridge
8. Full Name of Father, dan porter
9. Father's Occupation labour
10. Father's Birthplace, Cambridge

Name of Medical Attendant, or other person who makes this Return, sarrah Jane Hunter

Address, 124 west Hoey st

Remarks, full 9 month

Wm. J. C. Dulany Co., City Printers and Stationers.

8960 03003

...first day of each and every month to the office of the Commissioner in the form of a certificate between the first and ...shall occur without the limits of the city, to the registrar of the district in which the birth shall occur, and ...attendance upon the mother, immediately thereafter it shall become the duty of the person or persons present at such ...child to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colud
3. Date of Birth, June th 15 1896
4. Place of Birth, (Street and Number) west Henrieta 393
5. Full Name of Mother, Lirey Braur
6. Mother's Maiden Name, Lirey reot
7. Mother's Birthplace, Baltimor
8. Full Name of Father, other reot
9. Father's Occupation, labour
10. Father's Birthplace, Baltimre

Name of Medical Attendant, or other person who makes this Return, sarah Jane Thomsón

Address, 124 west Hurry st

Remarks, full 9 month

Every Physician in the form of a certificate between the first and tenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance when the mother of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

8 7 6 0 0 3 0 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-15-59

RETURN OF A BIRTH 74922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Julia Coberth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, June 15 " 1896
4. Place of Birth, (Street and Number) 3. C. Carlton St.
5. Full Name of Mother, Martha J. Coberth.
6. Mother's Maiden Name, Martha J. Locks.
7. Mother's Birthplace, Calvert County Md.
8. Full Name of Father, Hezekiah Coberth.
9. Father's Occupation Laboring.
10. Father's Birthplace, Calvert County.

Name of Medical Attendant, or other person who makes this Return, Nurse Caroline Owens

Address, 1066 Raburg St.

Remarks, X

8960003005

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4-6 child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Baltimore June 13-96

4. Place of Birth, (Street and Number) 410 E. York St. Balto.

5. Full Name of Mother, Sara Volck

6. Mother's Maiden Name, Sara Suleman

7. Mother's Birthplace, Russia

8. Full Name of Father, Zalman Volck

9. Father's Occupation Plumber

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Sara [illegible]

Address, 410 E. York St. Balto.

Remarks.

8960 03006

Every case of birth to be reported within ten days after occurrence. Certificate between the first and tenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person required, and shall have neglected to report such birth to the Commissioner of Health, in the manner and within the time above required, and also each person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] of each and every month to the office of the Commissioner of Health a certificate between the first and [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 15 = 1896
4. *Place of Birth, (Street and Number)* Smalwood st No 6004
5. *Full Name of Mother,* Jenny Christopher
6. *Mother's Maiden Name,* Jenny moran
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* harry ~~henry~~ L Christopher
9. *Father's Occupation* fireman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mr S Kelley

Address, No 1922 Wilkins Av

Remarks,

8960003007

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9th 15th May 1896

4. Place of Birth, (Street and Number) No 1303 Baltimore St

5. Full Name of Mother, Lizzie James

6. Mother's Maiden Name, Lizzie Keech

7. Mother's Birthplace, York Pa

8. Full Name of Father, Conrad E. James

9. Father's Occupation, Railroad Carpenter

10. Father's Birthplace, York Pa

Name of Medical Attendant, or other person who makes this Return, Geo Ellis Stafford

Address, 1059 E. Mt

Remarks, 18

1846003008

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	June 15th 1896
4. *Place of Birth, (Street and Number)*	1157 Bowen Street
5. *Full Name of Mother*	Maggie Haltze
6. *Mother's Maiden Name*	" Birmingham
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	John Haltze
9. *Father's Occupation*	Paver
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other person who makes this Return	E. L. Garee M D
Address	830 Columbia ave
Remarks	

1896 00 03009

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 74927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	June 15 - 96
4. Place of Birth, (Street and Number)	912 E Chase St
5. Full Name of Mother,	Mary E. Weaver
6. Mother's Maiden Name,	" " Calahan
7. Mother's Birthplace,	Md
8. Full Name of Father,	George E. Weaver
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Md
Name of Medical Attendant, or other Person who makes this Return.	Miss Mary A. Selwell
Address,	1438 N. Bond St
Remarks,	

8960 03010

Birth of any child shall occur without the attendance of a Physician or practitioner of the healing art, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect to comply with the requirements of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Kelly & Co., City Printers and Stationers.

RETURN OF A BIRTH. 74 928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 June
4. Place of Birth, (Street and Number) X 415 Block St.
5. Full Name of Mother, Magie Lizette Lastelna
6. Mother's Maiden Name, Pole
7. Mother's Birthplace, Bartlamy Lisek
8. Full Name of Father, Work-man
9. Father's Occupation Pole
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return. X 838 S Bond St.

Address, Mary Pratt

Remarks,

8760003011

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74929 (var)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Genevieve Frances Garriott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16th 1896
4. Place of Birth, (Street and Number) 2001 Pulaski St
5. Full Name of Mother, Mrs. Charles P. (Garriott) Garriott
6. Mother's Maiden Name, Katie Heckner
7. Mother's Birthplace, Maryland
8. Full Name of Father, Charles P. (Garriott) Garriott
9. Father's Occupation Clerk
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, R. A. Urquhart M. D.

Address, #2724, Penna. Avenue City.

Remarks,

8460003012

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16th 1896.
4. Place of Birth, (Street and Number) 201 E. Fort Ave.
5. Full Name of Mother, Caroline Ritchie
6. Mother's Maiden Name, Beatha Hoyet
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Ritchie
9. Father's Occupation Tow Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. E. Pengay.

Address, 2225 E. C. Lane Baltimore City.

Remarks,

1896000030 13

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person required by the practitioner in the form of a certificate between the 1st and 3d days of each and every month to the office of the Commissioner of Health, as the law directs, shall occur within the city, and within the period above required, and no other person be in attendance at the birth, he will become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and every such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960003014

Wm. J. C. Dulany Co., City Printers and Stationers.

...the third day of each and every month to the office of the Registrar of Vital Statistics, the Commissioner of Health, or Health Officer, or should no other person be in attendance at such office within the time specified, it shall become the duty of the person above required, and shall occur within the mother, immediately after the birth of any child, to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* June 6 - 96

4. *Place of Birth, (Street and Number)* 930 N. Charles

5. *Full Name of Mother,* Sadie Clark

6. *Mother's Maiden Name,* " Palmer

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* John H. Clark

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks,

1896 0 0 3 0 1 5

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 74933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 16 - 96

4. Place of Birth, (Street and Number) 1318 Orleans St

5. Full Name of Mother. May G. Zimmerman

6. Mother's Maiden Name, E. Carroll

7. Mother's Birthplace, Balto

8. Full Name of Father. Charles Zimmerman

9. Father's Occupation, Teamster

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary A. Allwell

Address, 1438 E. Bond St

Remarks,

0 9 6 0 0 3 0 1 6

...hy & Co., City Printers and Stationers.

...birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and it shall be the duty of each and every person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 16 1896

4. Place of Birth, (Street and Number) 1722 Ramsay st.

5. Full Name of Mother, Emma B White.

6. Mother's Maiden Name, Emma Banks

7. Mother's Birthplace. Balto City

8. Full Name of Father. Robert T. White

9. Father's Occupation agent

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, J. O. H. Slaterman

Address, 1834 W. Lafayette

Remarks, 8960030 1

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 6-8-57

RETURN OF A BIRTH. 74935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Daisy Frances ~~Dodd~~ 1st.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 16. (5.30 A. M.) 1896
4. Place of Birth, (Street and Number) 16 N. Hamburg Street.
5. Full Name of Mother, ~~Katie~~ Dodd, Kate Lacy
6. Mother's Maiden Name, Loser
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, ~~Thomas~~ Frank Dodd
9. Father's Occupation Farmer
10. Father's Birthplace, Easton - Pa.

Name of Medical Attendant, or other person who makes this Return. Mrs. M. Kanne (for the Mothers Relief Society) 632 E. Fremont (for)

Address, Dict June 3. 1896.

Remarks, + 8960003018

Said schedule shall be delivered, duly signed by the attending physician or midwife, or other person in attendance, to the parents, the date and place of birth and the sex of the child, and a certificate thereof shall be made out and recorded by the Commissioner of Health. In case neither parent be in a condition to sign the schedule, the same shall be signed by the person or parents of, and shall occur upon the mother, Commissioner of Health, in the manner and under the penalties provided in the foregoing sections. Any person or persons who shall hereafter offend in any of the provisions of this section, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth. June 16, 1896.
4. Place of Birth, (Street and Number) 404 Fifth ave.
5. Full Name of Mother, Alice Carlin
6. Mother's Maiden Name, Perkins.
7. Mother's Birthplace, Md.
8. Full Name of Father, Frank T. Carlin.
9. Father's Occupation Moulder.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

+ 8960003019

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17
4. Place of Birth, (Street and Number) Md Gen Hosp
5. Full Name of Mother, Nellie Reddin
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Md
8. Full Name of Father, Unknown
9. Father's Occupation
10. Father's Birthplace, O O Pennsylvania

Name of Medical Attendant, or other person who makes this Return, O O Pennsylvania M.D.

Address, Md Gen Hospital,

Remarks,

6 V 6 6 0 0 3 8 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[236]

RETURN OF A BIRTH. 74938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Percy Henry Sonnenleiter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 17th 1896.

4. Place of Birth, (Street and Number) #1104 Carroll St.

5. Full Name of Mother, Mary A. E. Sonnenleiter

6. Mother's Maiden Name, " " Beckman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Sonnenleiter

9. Father's Occupation Moulder.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Ida Bange

Address, 711 N. Irons st.

Remarks,

8960003021

This Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately after birth, in the manner and within the period above required, said practitioner shall himself make out and deliver such certificate. Any person who shall refuse or neglect to report its birth to the Commissioner hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, June 17th, 1896
4. Place of Birth, (Street and Number) 410 Hoffman Street, West
5. Full Name of Mother, Martha May Benton
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Otto Frontling
9. Father's Occupation Polisher in Piano Factory
10. Father's Birthplace, Not known

Name of Medical Attendant, or other person who makes this Return, M. Magdalene Warner, M.D.

Address, 410 Hoffman Street, West

Remarks,

8960003022

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur in the absence of the mother, or she shall be unable to give the required information, the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 17th, 1896
4. Place of Birth, (Street and Number) 410 Hoffman Street, Md.
5. Full Name of Mother, Maggie Seaton
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Charles Reed
9. Father's Occupation Teamster
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, M. Magdalene Warner, M.D.

Address. 410 Hoffman Street. West.

Remarks.

8960003023

Wm. J. C. Dulany Co., City Printers and Stationers.

thy of each and every month to the office of the Commissioner of Health, in the manner and within the period above specified, a certificate of such birth, in the form of a certificate between the first and tenth days of each month, a certificate stating the fact that no case of birth of any child shall occur without the attendance of a physician or midwife; or should no other person be in attendance upon the mother at the time of birth, then the occupier of the house in which such birth occurs shall be required to give notice thereof. It shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, June 11 1896
4. Place of Birth, (Street and Number) Hazzard st 1048
5. Full Name of Mother, Cynthia Hazzard
6. Mother's Maiden Name, Cynthia Hollis
7. Mother's Birthplace, Virginia
8. Full Name of Father, Edward Hollis
9. Father's Occupation Labour
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Sarah Jane Thomas

Address, 124 west Hazzard st

Remarks, full 9 month

8960003024

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 17 — 1896
4. Place of Birth, (Street and Number) 1632 E Lombert St.
5. Full Name of Mother, Mattie Blanch Haynie
6. Mother's Maiden Name, Parker
7. Mother's Birthplace, Virginie
8. Full Name of Father, William H. H. Haynie
9. Father's Occupation Laborer
10. Father's Birthplace, Virginie

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1429 E Fath St.

Remarks,

1896 0003025

Third day of each and every month to the office of the Commissioner of Health. In case the father or mother shall not be living, then the physician or midwife present at the birth, or the householder in whose house the birth shall occur, or the nearest relative present, shall become the duty of the person or parents of such attendance upon the mother, immediately after the birth, to report the same to the Board of Health, in the manner and within the period above required, and child to report the birth as herein required, or to make a false report of the same, shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore City, shall be liable to a penalty not exceeding one hundred dollars, and any person who shall hereafter fail to comply with the provisions of this section shall forfeit and pay the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth. June 17th 1896
4. Place of Birth, (Street and Number) 900 Little Pine St.
5. Full Name of Mother, Kate L. West
6. Mother's Maiden Name, Kate Whiting
7. Mother's Birthplace. Virginia
8. Full Name of Father, William West
9. Father's Occupation Laborer
10. Father's Birthplace, Annapolis Md. " "

Name of Medical Attendant, or other person who makes this Return, Dr Lemuel Hopkins M.D.

Address, Md General Hospital

Remarks.

1896 0003026

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and with the particulars required by the Commissioner. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required by the Commissioner. If shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required by the Commissioner. If any midwife shall neglect or refuse to make the return required by this section she shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White race
3. Date of Birth, 18th June 1896.
4. Place of Birth, (Street and Number) 1748 E Preston.
5. Full Name of Mother, Ruth Heisserther.
6. Mother's Maiden Name, " Schild
7. Mother's Birthplace, New York
8. Full Name of Father, Siegmund J. Heisserther.
9. Father's Occupation Manager United Cig Co
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. A. C. Frantz M.D.

Address, 1108 Orleans Str.

Remarks,

8 9 6 U 0 0 3 0 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health, a certificate between the first and attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to procure the same, and report the facts of birth to the Commissioner of Health, as herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 14th 96
4. Place of Birth, (Street and Number) 1200 N. Fayette st
5. Full Name of Mother, Isabella R. Cignatta
6. Mother's Maiden Name, " Jones
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Harry Cignatta
9. Father's Occupation Druggist
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Thomas F Kilduff

Address, 1326 McCulloh st

Remarks,

18960003028

third day of each and every month to the office of the Commissioner of Health. In case the birth occurs in a hospital, institution or boarding house, a blank will be furnished by the Commissioner of Health, and the attendance upon the mother shall become the duty of the person or persons in charge of such hospital, institution or boarding house. If such blank be not furnished, then the return shall be made by the attendant upon the mother. Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18 1896
4. Place of Birth, (Street and Number) 206 E Fayette St
5. Full Name of Mother, Anna Snopkowitz
6. Mother's Maiden Name, " Kaplan
7. Mother's Birthplace, Russia
8. Full Name of Father, Jake Snopkowitz
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Feldman

Address, 1013 E Lombard St.

Remarks,

1896000030 29

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife or other person who shall assist at the birth of any child, and every householder within whose house any child shall be born, and in case the mother of such child shall be delivered elsewhere than in a house, then the person with whom she shall go after her delivery, shall within ten days after the birth of such child, cause the same to be registered at the office of the Commissioner of Health, and shall report to the Registrar the name, sex, color, date and place of birth of such child, the name, residence and occupation of the parents, and such other information as may be required by the Commissioner of Health, and shall obtain a certificate of such registration, which certificate shall be delivered to the person in charge of the mother and child, and every midwife or other person who shall neglect or refuse to make such report and obtain such certificate within the time aforesaid, shall forfeit and pay for every such offence a sum not exceeding ten dollars, to be recovered before the Criminal Court of Baltimore, or before any justice of the peace of the city of Baltimore, upon the complaint of the Commissioner of Health, and in default of payment of such forfeiture, shall be committed to the House of Correction for a period not exceeding thirty days.

Every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of a city or county hospital, it shall be the duty of the person in charge of such hospital to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, June 18th 1876
4. Place of Birth, (Street and Number) 842 E. Pratt St
5. Full Name of Mother, Bessie Gelbecker
6. Mother's Maiden Name, Bessie Busonouz
7. Mother's Birthplace, Russia
8. Full Name of Father, Elchonon Gelbecker
9. Father's Occupation, Butcher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Miss C. J. Feldman

Address, 1013 E. Lombard St

Remarks,

Shall cease without the attendance of a physician or midwife, or should no other person be in attendance within the first ten days, the person in charge of the house where the child was born shall be subject to the like fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

18960003030

RETURN OF A BIRTH. 74948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 18th 1896
4. *Place of Birth, (Street and Number)*	225-8 Gilmor Street
5. *Full Name of Mother,*	Katie Connelly
6. *Mother's Maiden Name,*	" Yeager
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm E. Connelly
9. *Father's Occupation,*	Express Driver.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E. L. Garner M. D.
Address,	830 Columbia ave
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

6760 0 0 3 0 3

RETURN OF A BIRTH. 74949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color. (if not of the white race)*	White
3. *Date of Birth.*	June the 15-15-26
4. *Place of Birth, (Street and Number)*	Lanvale st. No 8.
5. *Full Name of Mother,*	Hora E Folger
6. *Mother's Maiden Name.*	Hora E Ray
7. *Mother's Birthplace.*	Baltimore
8. *Full Name of Father.*	James E Folger
9. *Father's Occupation*	Letter Carrier
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mr I Kelley
Address.	No 1922 Mitchison Ave
Remarks.	

1896000303 2

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM KODAK

RETURN OF A BIRTH. 74950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 10th June
4. Place of Birth, (Street and Number) 930 E. 25th Charles St
5. Full Name of Mother, Ellen Rupprecht
6. Mother's Maiden Name, " " Schumann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry L. Rupprecht
9. Father's Occupation Roofer Carpenter
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Wm. J. Minch

Address, 800 E. Monument St.

Remarks,

8960003033

Shall occur without the attendance of a physician, it shall become the duty of the person above required, and in case of his neglect or refusal, of the undertaker employed to inter it, within the period above required, and either upon the mother's immediate removal from the place of birth, or upon the burial of the child, to report its birth to the Commissioner of Health, in the manner and with the particulars required by the provisions of this section; and any such person or undertaker who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) m

2. Race or Color, (if not of the white race)

3. Date of Birth, June 19. 96

4. Place of Birth, (Street and Number) 728 N Fulton ave

5. Full Name of Mother, Anna Maud Stromenger

6. Mother's Maiden Name, " " Blake

7. Mother's Birthplace, Va

8. Full Name of Father, C H Stromenger

9. Father's Occupation Salesman

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J M Hundley

Address, 1002 Ed ave

Remarks.

1896000303 4

... practitioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 19th 1896
4. *Place of Birth, (Street and Number)*	511 W. Lafayette ave
5. *Full Name of Mother,*	Mary Addison Giles
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Wallace Addison
9. *Father's Occupation*	Shoe Manufacturer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Jas E. Gibbons M.D.
Address,	1102 W. Lafayette ave
Remarks,	

8960003035

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person in whose house or tenement such birth shall occur, and within the space of twenty-four hours thereafter to report such birth to the Commissioner of Health, in the manner prescribed by him; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) Male.

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) 19 th June 1896

3. Date of Birth, 1833 Ashland ave.

4. Place of Birth, (Street and Number) Mary E. Brooks.

5. Full Name of Mother, " " Gittings

6. Mother's Maiden Name, Baltimore Md

7. Mother's Birthplace, ~~Edward~~ Edwin Brooks

8. Full Name of Father, Cooper Maker

9. Father's Occupation Baltimore md.

10. Father's Birthplace, H. A. Flentje M.D.

Name of Medical Attendant, or other person who makes this Return, 1108 Orleans str

Address.

Remarks, 8960003036

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month, a certificate in the form of a certificate between the first and aforesaid, duly signed by the physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, and in case the parents or other persons having charge of such child fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 19th, 1896
4. Place of Birth, (Street and Number) 1133 Mason Alley
5. Full Name of Mother, Fannie Campbell
6. Mother's Maiden Name, Fannie Powell
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Peter Campbell
9. Father's Occupation Waiter
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, M. Magdalene Warner, M.D.

Address, Maternite, 410 Hoffman Street, West.

Remarks.

8960003037

Wm. C. Dulany Co., City Printers and Stationers.

third day of each and every month, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of such practitioner, or midwife, or other person, the duty of reporting such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 19 — 1896
4. Place of Birth, (Street and Number) 1118 Philpot Alley
5. Full Name of Mother, Caroline Kehoe
6. Mother's Maiden Name, Schaumberg
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Kehoe
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks,

18960003038

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health, in the form of a certificate between the 10th and the 15th day of each month, stating the number of births which have occurred in such district during the preceding month, and if no birth shall occur within the time aforesaid, then a certificate to that effect shall be sent; and the attendance upon the mother, immediately after the birth, in the manner and within the period above required, and shall become the duty of the person or persons in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and child to report the birth to the Commissioner of Health as above directed, shall become the duty of the person or persons in any such house, to report the birth to the Commissioner of Health as above directed, shall become the duty of the person or persons in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and shall fail to comply with the provisions of this section shall be liable to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 74956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19th
4. Place of Birth, (Street and Number) Burgundy alley 905 Baltimore
5. Full Name of Mother, Louisa Emrick
6. Mother's Maiden Name, Louisa Daily
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry F Emrick
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Cross st

Remarks,

8960003039

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner, to the Registrar of Births, at the office of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother when the birth occurs, the householder in the house where such birth occurs, or the person who shall hereafter fail to report such birth as required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th and 9th (Twins)
1. Sex, (state whether male or female)	Both Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 19. 1896.
4. Place of Birth, (Street and Number)	2654 Clemmer St.
5. Full Name of Mother,	Julia Burke.
6. Mother's Maiden Name,	Bailey
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	James E. Burke.
9. Father's Occupation	Painter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. H. H. Shansbury M. D.
Address,	1122 N. Mount St.
Remarks,	M. D. Homeo. Hospital.

1896 0003040

shall occur without the city limits, or in any place of the Commissioner of Health. In case the birth of any child shall occur in the absence of a physician or practitioner of medicine, midwifery, or surgery, or should no other person be in attendance upon the mother, the occupant of the house in which such birth shall occur, or the person who shall have charge of such child, is required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

. Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12th 1896
4. Place of Birth, (Street and Number) 1258 E. North Ave.
5. Full Name of Mother, Cordelia M. Bull
6. Mother's Maiden Name, Cordelia M. Berry
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Samuel T. Bull
9. Father's Occupation, Boot Cutter
10. Father's Birthplace, Newark N. J.

Name of Medical Attendant, or other person who makes this Return. A. E. Watson

Address, 1301 N. Central Ave

Remarks,

8960003041

Every day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or persons in charge of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color Call
3. Date of Birth, 19 June
4. Place of Birth, (Street and Number) 745 Bradley st
5. Full Name of Mother, Mrs Mary Shonell
6. Mother's Maiden Name, Mary Robinson
7. Mother's Birthplace, Cambridge Md
8. Full Name of Father, John Shonell
9. Father's Occupation, Cook
10. Father's Birthplace, Eastern Shore Md

Name of Medical Attendant, or other person who makes this Return. Mrs A Myers

Address, 722 Bradley

Remarks,

1896000030 42

Every person required by the foregoing section to make a return of a birth shall write with each such return, the word "Physician," "Midwife," "Parent," "Householder," or "Other person," as the case may be, and shall sign his or her name and address in full. Every physician, midwife, householder or other person who shall neglect or refuse to make a return of a birth, as required by the foregoing section, shall be liable to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Every person required by the foregoing section to make a return of a birth shall make such return within the first ten days of each and every month of the year, and shall deliver the same, or cause the same to be delivered, at the office of the Commissioner of Health. In case the birth of a child shall occur within the limits of a physician's or practitioner of midwifery's practice, and he or she shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1896. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED - 8/15/61

RETURN OF A BIRTH. 74.96w

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: HELEN ~~BEATRICE~~ RAY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 19, 1896.
4. Place of Birth, (Street and Number) 104 Cedar ave.
5. Full Name of Mother, Helena Ray.
6. Mother's Maiden Name, Carter.
7. Mother's Birthplace, Ireland.
8. Full Name of Father, James Ray.
9. Father's Occupation Railroader.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Edw H. Whitehead M.D.

Address, 291 Chestnut ave.

Remarks,

8460003043

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health, in the form of a certificate between the first and the Registrar in the Board of Health. In case the birth of any child shall occur within the mother immediately preceding the birth, in the manner and within the time above required, and attendance of a physician or midwife, or should no other person so report its birth to the Commissioner as aforesaid, it shall become the duty of the person in charge of such house where the mother may be at the time of the birth of such child to report its birth to the Commissioner as aforesaid, and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 20 1896
4. Place of Birth, (Street and Number) 214 Hermitte St.
5. Full Name of Mother, Mrs. Laura Lee Bryant
6. Mother's Maiden Name, Miss Laura L. Walker
7. Mother's Birthplace, Cumberland Co. Va
8. Full Name of Father, Mr. Joseph Bryant
9. Father's Occupation Steward
10. Father's Birthplace, Newbern North Carolina
Name of Medical Attendant, or other person who makes this Return. C. Williams
Address, 910 Linden Hall W t - 910
Remarks,

8 9 6 U S 0 3 0 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth must be registered, duly signed by the practitioner in the form on this certificate, or a certificate of birth; and the third day of each and every month the attendant is a physician or practitioner, a certificate between the first and shall occur without the attendant immediately thereafter, in the manner and within the time required, and attendance upon the birth to the Commissioner of Health, in case the birth of any child in child to report the same to the Commissioner, or fail to comply with the provisions of this section shall be sub- any such case, or persons who shall neglect or fail to comply with the provisions of this section shall be sub- ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Filed 6497
CERTIFICATE AMENDED 7-16-26 AT

RETURN OF A BIRTH. 74962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: JENNY WINKLER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore June 20/26
4. Place of Birth, (Street and Number) 421 N Howard St. Balto.
5. Full Name of Mother, Gisella Winkler
6. Mother's Maiden Name, Gisella Cassel
7. Mother's Birthplace, R Srombott
8. Full Name of Father, Max Winkler
9. Father's Occupation Tailor
10. Father's Birthplace, Hungary

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Becker

Address, 414 E Fork St Balto City

Remarks,

8960003045

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the householder or keeper of the house where the parents of such child to report is birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20th
4. *Place of Birth, (Street and Number)* 511 Central Ave
5. *Full Name of Mother,* Mary Grosse
6. *Mother's Maiden Name,* " " Ising
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Emil Grosse
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs C Bruns

Address, 1600 N Chester St

Remarks,

0 7 6 0 6 0 3 0 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3.05 P.M. June 20, 1896.

4. Place of Birth, (Street and Number) 521 Sharp St.

5. Full Name of Mother, Anna Lucretia Williams

6. Mother's Maiden Name, Anna Lucretia Armiger

7. Mother's Birthplace, City

8. Full Name of Father, Roger Ferdinand Williams

9. Father's Occupation, Optician

10. Father's Birthplace, Gloucester, Va.

Name of Medical Attendant, or other person who makes this Return. E. C. Applegarth M.D.

Address, 8 East Montgomery St

Remarks, L.O.A. Instrumental. No tearing. No puerperal trouble.

1896U003047

Wm J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-24-58

RETURN OF A BIRTH. 74965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Edward ~~Taylor~~ 1.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 20, 1896.
4. Place of Birth, (Street and Number) 233 Hickory ave.
5. Full Name of Mother, Hannie E. Taylor.
6. Mother's Maiden Name, Shoemaker.
7. Mother's Birthplace, Md.
8. Full Name of Father, Jacob S. Taylor.
9. Father's Occupation Cotton mill operative.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M. D.

Address, 291 Chestnut ave.

Remarks,

8960003048

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person to whom application is made to report a birth, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960003049

Wm. J. C. Dulany Co., City Printers and Stationers.

Child day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of a city or town where there is a resident physician, he shall have the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 20. (4. 50. A. M.).
4. Place of Birth, (Street and Number) 832 Columbia Ave.
5. Full Name of Mother, Marie Sophie Bladisa,
6. Mother's Maiden Name, Diehl,
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Bruer Karl Bladisa,
9. Father's Occupation Musician,
10. Father's Birthplace, Gefle near Stockholm - Sweden,

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanny

Address, 632 - N. Fremont Ave.

Remarks,

8960003050

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 74968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 21st, 1896
4. Place of Birth, (Street and Number) 117 Diamond Street
5. Full Name of Mother, Anna Williams
6. Mother's Maiden Name, Anna Robinson
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Charles Williams
9. Father's Occupation, Teamster
10. Father's Birthplace, Cambridge, Md.

Name of Medical Attendant, or other person who makes this Return. M. Magdalene Warner, M.D.

Address, 415 Hoffman Street.

Remarks,

B 4 6 0 0 0 3 0 5 1

The first day of each and every month to the office of the Commissioner of Health, in the manner and within the period required by law. And the attendance of a physician or midwife, or should no other person be in attendance upon the mother, Immediately after the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, Immediately after the birth of any child shall become the duty of the person, or parents of such child to report the same to the Commissioner of Health, in the manner and within the period required by law. And any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 4969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 21 June 1896
4. Place of Birth, (Street and Number) 908 Duncan Alley
5. Full Name of Mother, Jane Derby
6. Mother's Maiden Name, Jane Derby
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Wm. Henry Jackson
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Cecilia Jackson

Address, # 1616 N. Eutaw St

Remarks,

+ 8 9 6 0 7 0 0 3 0 5 2

Note.—Every birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, at the same time with the return of such birth, and every midwife, nurse or other person in attendance upon the mother, immediately after the birth, or if there shall be no other person in attendance, then the householder or lodger in the house where such birth shall occur without the attendance of a physician or midwife, shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and shall severally forfeit and pay for every neglect or refusal to comply with the provisions of this section, the sum of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable. Any midwife or other persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21
4. Place of Birth, (Street and Number) 2715 Hudson St.
5. Full Name of Mother, Mary Umpfried
6. Mother's Maiden Name, Mueller
7. Mother's Birthplace, Balto
8. Full Name of Father, Louis Umpfried
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Henry J Swayne

Address, 824 Carlton St

Remarks,

8960003053

Wm. J. C. Dulany Co., City Printers and Stationers.

day of each and every month to the office of the Commissioner of Health. In case the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with and within the time above required, shall be subject to the fine of ten ($10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 21 1896
4. *Place of Birth, (Street and Number)* 1875 W Lexington St.
5. *Full Name of Mother,* Annie R. McGregor
6. *Mother's Maiden Name,* Heim
7. *Mother's Birthplace,* Montgomery Co. Md.
8. *Full Name of Father,* Chas E. McGregor
9. *Father's Occupation* Clerk B&O R.R.
10. *Father's Birthplace,* Montgomery Co. Md

Name of Medical Attendant, or other person who makes this Return, J. L. Drovandux

Address, 739 W Fayette St.

Remarks,

8960003054

[illegible] day of each and every month to the office of the Commissioner of Health [illegible] the practitioner in the form of a certificate [illegible] place of birth; and the [illegible] between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in case the birth of any child any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

BIRTH NAME ADDED 10-31-49

RETURN OF A BIRTH. 74972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Thomas Harvey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21st 1896
4. Place of Birth, (Street and Number) 1010 ½ Pratt St
5. Full Name of Mother, Mary Harvey
6. Mother's Maiden Name, Mary Callan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Owen Harvey
9. Father's Occupation Laborer Mt Clare
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address,

Remarks,

1896 0003055

Wm. J. C. Dulany Co., City Printers and Stationers.

shall pay, for each and every month to the office of the Commissioner of Health a certificate between the first and attendance was present at the birth, stating the time of such birth, and the reasons why the same did not occur without the attendance of a physician or practitioner of midwifery, or shall neglect or refuse to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1230

RETURN OF A BIRTH. 74973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st June 1896.
4. Place of Birth, (Street and Number) Baltimore Burgundy alley 16.18
5. Full Name of Mother, ~~Baltimore~~ Blanche Latrobe Loanger.
6. Mother's Maiden Name, Blanche Latrobe Gassaway.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Loanger.
9. Father's Occupation Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Bangle.

Address, West Cross Street.

Remarks.

8960003056

Wm. J. C. Dulany Co., City Printers and Stationers.

The ... name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out in the form of a certificate between the first and third days of each month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the parents of such child shall neglect or refuse to report its birth to the Commissioner of Health within the period above required, and any such person or persons shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1 M.

1. Sex, (*state whether male or female*)
2. Race or Color, (*if not of the white race*)
3. Date of Birth, June 21. / 11. 45. A. M. /.
4. Place of Birth, (*Street and Number*) 1617 Argyle Ave.
5. Full Name of Mother, Mary Florence Smith
6. Mother's Maiden Name, Wilson
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Ivo Smith
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Ellicott City - Balto. Co.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Lamb / for the

Address, Women Relief Society / 632 N. Fremont Ave.

Remarks,

1846U003057

It is hereby shall be delivered, duly signed by the attendant or the parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case there is no attendant, the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner as above required, and in default of either of them so doing, each and every person shall be subject to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 74975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21 st 1896
4. Place of Birth, (Street and Number) 2 Lancaster Av. 1621
5. Full Name of Mother, Lizzie Shachorack
6. Mother's Maiden Name, Makenatzi
7. Mother's Birthplace, Poland
8. Full Name of Father, Joe Shachorack
9. Father's Occupation Laborer
10. Father's Birthplace, Roland

Name of Medical Attendant, or other person who makes this Return, Mary Kroz Reg

Address, 6 & 8 S. Broad St

Remarks,

18960003058

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 June
4. Place of Birth, (Street and Number) 701 E. Baltimore St. 701
5. Full Name of Mother, Josephine Kafka
6. Mother's Maiden Name, Morenc
7. Mother's Birthplace, Pole
8. Full Name of Father, Joseph Kafka
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Britt

Address. 838 E. Baltimore St.

Remarks.

1896 0003059

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74 977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* W White
3. *Date of Birth,* 22 June
4. *Place of Birth, (Street and Number)* 1726 Aliciana Ste.
5. *Full Name of Mother,* Mary Mierkevic
6. *Mother's Maiden Name,* Kludzin
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Thomas Mierkevic
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return) Mary Pratt

Address, 838 S Bond Ste.

Remarks,

8960003060

Said schedule shall be delivered, duly signed by the Practitioner in charge of the case, to the person who shall give the information required by the Registrar, as to the Occupation of the parents, the date and place of birth, and the sex, color and number of each child born at one birth, within ten days after the birth; and the said schedule shall be delivered, duly signed by the Practitioner in charge of the case, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician, it shall become the duty of the person in charge of such child, and every month to the office of the Commissioner of Midwifery, or should no other person be in charge of such child, then the mother, to report the birth within the period above required, and attendance upon the mother. Commissioner of Health. In the manner as the provisions of this section shall be subject to the same penalties. The persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22, 1896.
4. Place of Birth, (Street and Number) 232 Cedar ave.
5. Full Name of Mother, Laura Virginia Heard
6. Mother's Maiden Name, Miller.
7. Mother's Birthplace, Md.
8. Full Name of Father, James L. Heard.
9. Father's Occupation Motorman.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 290 Chestnut ave.

Remarks,

8960003061

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, whether such child be living or dead, and whether such birth occurred in a house or elsewhere, and whether the child was born in wedlock or not, and in case of the death of any child without the attendance of a physician or practitioner of midwifery, the person or parents of such child to report its birth to the Commissioner of Health. And no other person be in attendance upon the mother, Commissioner of Health, to comply with the provisions of this section, and any such person who shall be guilty of a violation of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

...90.]

RETURN OF A BIRTH. 74979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5T
1. Sex, (state whether male or female) ~~Black~~ Male
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, June 22 -
4. Place of Birth, (Street and Number) Md Gen Hosp
5. Full Name of Mother, Mary Jackson
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Md
8. Full Name of Father, Unknown
9. Father's Occupation, Laborer
10. Father's Birthplace, Md
Name of Medical Attendant, or other person who makes this Return, Dr Gen Hospital
Address, Md Gen Hospital
Remarks,

6760 03062

...shall occur without the attendance of a physician or practicer of midwifery, or should no other person of such attendance appear before the Commissioner of Health, it shall become the duty of the nurse within the period above required, and shall immediately thereafter, it shall become the duty of the nurse within the period above required, and attendance appear before the Commissioner of Health, and comply with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 23 — 1896
4. Place of Birth, (Street and Number) 2124 Murray St.
5. Full Name of Mother, Anna Ullperger
6. Mother's Maiden Name, Meier
7. Mother's Birthplace, Germany
8. Full Name of Father, Wenz L. Ullperger
9. Father's Occupation Shoe Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Henry Stein

Address, 1127 E. Oak St.

Remarks,

8 9 6 0 0 0 3 0 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Louis Peterson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 June 1896
4. Place of Birth, (Street and Number) S. Bond Ste 625
5. Full Name of Mother, Lizzie Peterson
6. Mother's Maiden Name, Kantz
7. Mother's Birthplace, Germany
8. Full Name of Father, Edele Peterson
9. Father's Occupation Shipper
10. Father's Birthplace, Norway

Name of Medical Attendant, or other person who makes this Return, Mary Crett

Address, 838 S. Bond Ste.

Remarks,

1896000030 64

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23rd 1896
4. Place of Birth, (Street and Number) 1921 Eutaw Place
5. Full Name of Mother, Emma [illegible]
6. Mother's Maiden Name, Heyman
7. Mother's Birthplace, Dowsontown Baltimore County
8. Full Name of Father, [illegible]
9. Father's Occupation Laborer
10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return, [illegible] Brooks

Address, [illegible]

Remarks.

1896000030065

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, June 23
4. Place of Birth, (Street and Number) 1133 Monument Ave
5. Full Name of Mother, Louisa Clarke
6. Mother's Maiden Name, Louisa Craft
7. Mother's Birthplace, Va
8. Full Name of Father, Charles E Clarke
9. Father's Occupation, Painter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Geo W Robinson MD

Address, The Johns Hopkins Hospital

Remarks,

8960003066

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall neglect to report to the Commissioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person where such child is born, and within the period required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 2/28/61

RETURN OF A BIRTH. 74984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: SADIE PASOVSKY

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 23 of June 1896
4. *Place of Birth, (Street and Number)* 425 Forest St
5. *Full Name of Mother,* Ide Pasavsky
6. *Mother's Maiden Name,* — Zilbeatman
7. *Mother's Birthplace,* Russia Suvalsk State
8. *Full Name of Father,* Abram Pasavsky
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia Suvalsk State

Name of Medical Attendant, or other person who makes this Return, H. Fliedner M.D.

Address, 143 N. Front St

Remarks,

8960003067

[illegible] shall occur without the attendance of the Commissioner of Health, [illegible] between the first and attendance upon the mother, of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health. In case the birth of any child any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. upon the mother, immediately thereafter it shall become the duty of the person or parents of such in the manner and within the period above required, and

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RETURN OF A BIRTH. 74985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23, 1896
4. Place of Birth, (Street and Number) 2416 Hait ave
5. Full Name of Mother, Lizzie Green
6. Mother's Maiden Name, Lizzie Jones
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Green
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Swayne

Address, 824 Caston St.

Remarks,

+ 6 7 6 0 0 0 3 0 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the limits of Baltimore City, and the parents of such child shall become residents of the city, at the time of such child's death, the undertaker who shall be employed to attend upon the mother, immediately thereafter, shall become the duty of such undertaker to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-8-59

RETURN OF A BIRTH. 74986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry James Moylan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 23 1896
4. Place of Birth, (Street and Number) 1634 E. Lombert St.
5. Full Name of Mother, Annie Moylan
6. Mother's Maiden Name, Hyland
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Moylan
9. Father's Occupation Cooper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Klein

Address, 1427 E. Fait St.

Remarks,

1896 0003069

Third day of each and every month to the Physician or practitioner of midwifery, or should no other person be in attendance, then the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report as above to the Commissioner of Health, in the manner and within the time specified in said section, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.)

RETURN OF A BIRTH. 74987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Germany
3. Date of Birth, June 23rd
4. Place of Birth, (Street and Number) Md Gen'l Hosp
5. Full Name of Mother, Gertrude Billure.
6. Mother's Maiden Name, Germany
7. Mother's Birthplace, Charles Billure
8. Full Name of Father, Coachman
9. Father's Occupation Germany
10. Father's Birthplace, O O Lamphire M.D.

Name of Medical Attendant, or other person who makes this Return,

Address, M L Gen'l Hosp

Remarks,

1 8 9 6 U 0 3 0 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. [illegible] every month to the office of the Commissioner of Health a certificate between the first and [illegible] of Health. In case the birth of any child

RETURN OF A BIRTH. 74988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* [illegible] 24. 1896
4. *Place of Birth, (Street and Number)* Waverly Balto City
5. *Full Name of Mother,* Melvina Foy
6. *Mother's Maiden Name,* " " " Jones
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Henry Foy
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, #8 Talbot St Waverly

Remarks, Well

1896000307 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74 989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 24
4. Place of Birth, (Street and Number) 811 Lancaster St
5. Full Name of Mother, Annie Catherine
6. Mother's Maiden Name, Annie Connor
7. Mother's Birthplace, Balto
8. Full Name of Father, George H Catherine
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, ~~Baltimore~~ Mary E Swayne

Address, 824 Eastern Ave

Remarks,

This Return is to be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1 6 7 6 U 0 3 0 7 2

RETURN OF A BIRTH. 74990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth. 24 June
4. Place of Birth. (Street and Number) 1450 Hurst
5. Full Name of Mother. Leonora Hoffhaus
6. Mother's Maiden Name, " Israell
7. Mother's Birthplace. Baltimore
8. Full Name of Father, John Hoffhaus
9. Father's Occupation Shoe Dealer
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Wilson

Address, 1331 Hurst St. Locust Point

Remarks.

B 9 6 0 0 0 3 0 7 3

Every day of each and every month to the office of the Commissioner of Health in the form of a certificate between the first and fifth days of the succeeding month. Any physician, midwife or other person who shall neglect to report the birth of any child shall incur a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any physician or midwife who shall refuse or neglect to report the birth of any child which he shall have attended, or any person who shall refuse or neglect to report the birth of any child which he shall have assisted at, or any person who shall refuse or neglect to report the birth of any child which he shall have known of, within the period above required, and any person required by this section to report the birth of a child who shall refuse or neglect to report the same within the time specified in this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

336

RETURN OF A BIRTH. 74991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second.

1. Sex, (state whether male or female) male,
2. Race or Color, (if not of the white race) white,
3. Date of Birth, June, 24.
4. Place of Birth, (Street and Number) West Frat. 540.
5. Full Name of Mother, x x x
6. Mother's Maiden Name, Frida Wiesehmann
7. Mother's Birthplace, Eschimitz. Saesen. Deutschland.
8. Full Name of Father, x x
9. Father's Occupation x x
10. Father's Birthplace, x x

Name of Medical Attendant, or other person who makes this Return, Mrs. Bertha Weinhardt.

Address, West Frat. str. 1691.

Remarks,

1896 U 003074

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or mother of such child shall report the birth to the Commissioner of Health. In the manner and within the period above required, and any person neglecting to make such report as herein required shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 24 of June 1896
4. Place of Birth, (Street and Number) 2010 E Chairmont Ave
5. Full Name of Mother, Vera Linnora Dusanill
6. Mother's Maiden Name, Catlin
7. Mother's Birthplace, Hampton Va
8. Full Name of Father, Louis Dusanill
9. Father's Occupation Music Teacher
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs M & Dawson

Address, 2224 E Pratt St

Remarks, Birth Premature Mother 7 mo & 1 Month Child is small & Weak

1896 0003075

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 6. Every midwife or person who shall hereafter attend upon any case of birth, shall be delivered, duly signed by the practitioner as herein directed, at the office of the Commissioner of Health, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

RETURN OF A BIRTH. 74993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th of June 1892
4. Place of Birth, (Street and Number) # 503 Wyeth st Balto
5. Full Name of Mother, F. M. Weisman
6. Mother's Maiden Name, F. M. Geiser
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Wm. Weisman
9. Father's Occupation Brakeman Band C railroad
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. F. M. Weisman

Address, # 1137 Carroll st.

Remarks,

8460003076

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month, in the form of a certificate between the first and the attendance upon the mother, immediately thereafter it shall become the duty of the person so in attendance of a physician, or practitioner of midwifery, as aforesaid, no other person be in shall occur without the attendance of a physician, or practitioner of midwifery, as aforesaid, no other person be in child, except in cases where a physician, or practitioner of midwifery, as aforesaid, shall be present at such birth, to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24 1826.
4. Place of Birth, (Street and Number) 1119 Gay St
5. Full Name of Mother, Emilie Rheinhardt
6. Mother's Maiden Name, E. Francis
7. Mother's Birthplace, Hartford Co Md
8. Full Name of Father, H. E. Rheinhardt
9. Father's Occupation,
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. E. A. Peterson M.D.

Address, 163 S. Broadway

Remarks,

1896 0003077

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a medical practitioner, it shall be the duty of the nearest relative present, or in attendance upon the mother, immediately thereafter, to report the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a medical practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the parents of such child to report its birth to the Commissioner of Health. In the manner and within the period herein prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 2-14-51

RETURN OF A BIRTH. 74995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Francis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) —
3. Date of Birth, June 24th 1896.
4. Place of Birth, (Street and Number) 105 E. Mert St.
5. Full Name of Mother, Minnie Whettle. Whettle
6. Mother's Maiden Name, " Kimmel.
7. Mother's Birthplace, Balto City, Md.
8. Full Name of Father, John B. Whettle Whettle
9. Father's Occupation Asst. Superintendent Balto P.D.
10. Father's Birthplace, Balto City Md.

Name of Medical Attendant, or other person who makes this Return. R. J. N. Tall. M.D.

Address, 524 Sharp St.

Remarks.

8960003078

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife or person who shall hereafter attend upon the mother, at the birth of any child, and every physician or practitioner of midwifery, or about to attend upon the birth of any child, and every person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and every person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 24 1896
4. Place of Birth, (Street and Number) 1223 Bank St.
5. Full Name of Mother, Kate Synars
6. Mother's Maiden Name, McMann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Synars
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

1896 U 003079

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month, to the office of the Commissioner of Health, at the office of the Commissioner of Health, in the manner and within the period above specified, he shall forfeit and pay for each offence a penalty of not less than five nor more than fifty dollars; and the same penalty shall be incurred by any person who shall remove the body of any child before a certificate shall have been obtained as above provided, unless by the direction of the Coroner in a case which is subject to his inquest, or by the order of a Justice of the Peace. And if the midwife, nurse or other person who shall be present at the birth of any child shall neglect within the time and in the manner above specified to report the birth to the Commissioner of Health, or shall report any false or fictitious birth, or any such person or persons who shall wilfully neglect or refuse to perform any other duty required of him or them by this ordinance, shall for every such offence forfeit and pay a penalty of not less than five nor more than fifty dollars. All penalties incurred under this ordinance may be sued for and recovered by the Commissioner of Health, in the name of the Mayor and City Council of Baltimore, before any Justice of the Peace of Baltimore City, and shall be collected to the use of the City; and the Commissioner of Health shall have power to issue subpœnas for witnesses, and to administer oaths in all cases arising under this ordinance. Any person who shall wilfully make any false statement in the certificate herein required, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 24. 1896.
4. Place of Birth, (Street and Number) 3044 Cedar ave.
5. Full Name of Mother, Laura Elizabeth Krout.
6. Mother's Maiden Name, Bollinger.
7. Mother's Birthplace, Virginia Md.
8. Full Name of Father, James Bardwell Krout.
9. Father's Occupation Railroader.
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1896 0003080

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of such mother, within the period above required, and while such person or practicer shall continue in like manner and within the period above required, and child to report the birth to the Commissioner of Health. In like manner and within the period above required, and any person or practicer who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24th
4. Place of Birth, (Street and Number) 511 E. Eleventh St.
5. Full Name of Mother, Jenny ~~Lee~~ Neil
6. Mother's Maiden Name, Jenny Fife
7. Mother's Birthplace, Germany
8. Full Name of Father, George P. Neil
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Stetson Dolan

Address,

Remarks,

5960003081

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons in charge of such house or tenement to comply with the provisions of this section, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[238.]

RETURN OF A BIRTH. 74999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25-1896
4. Place of Birth, (Street and Number) 326 S Fremont Ave.
5. Full Name of Mother, Annie Boyd
6. Mother's Maiden Name, Annie E. Faddis
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, John Boyd Sr
9. Father's Occupation Butcher.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Henry Boyd

Address, 677 Columbia ave.

Remarks,

Third day of each and every month, to the Practitioner in the form of a certificate between the first and the [illegible] of Birth; and the shall occur without the attendance of a Physician or Midwife, a certificate shall be given by the parent or person in charge of the child to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall be the duty of each and every person who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960003082

RETURN OF A BIRTH. 75000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth. 25 June
4. Place of Birth, (Street and Number) 1931 Ellwood st.
5. Full Name of Mother, Emma A. Lang
6. Mother's Maiden Name. " Ohman
7. Mother's Birthplace. Hartford Co. Md.
8. Full Name of Father, J. Lang
9. Father's Occupation Pattern Maker
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. H. C. Wagner

Address. 1331 Hull St

Remarks.

8 9 6 0 0 0 3 0 8 3

Any City or County Health Officer, Registrar of Vital Statistics, Physician, Midwife, Undertaker, Sexton, Clergyman, Coroner, Justice of the Peace, or Practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parent or other person having charge of such child to report its birth to the Commissioner of Health. In the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Leon Stein

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Baltimore June 25/96
4. Place of Birth, (Street and Number)	105 E. Charles Street Balto.
5. Full Name of Mother,	Golda Stein
6. Mother's Maiden Name,	Golda Rosenfeld
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Ellis (Elias) Stein
9. Father's Occupation	Clothing Store
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs. Lena Barber
Address,	44 E. York Street
Remarks.	

Third day of each and every month, with the office of the Commissioner, in the form of a certificate between the first and fifth days of each month, a list of all births occurring within the city during the preceding month, at which he was present, or in case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or persons in attendance upon the birth to report the same to the Commissioner, in the manner and within the time required, and such person or persons who shall neglect, refuse or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 75002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Martha S
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 25th 1896
4. *Place of Birth, (Street and Number)*	1709 Linden Ave
5. *Full Name of Mother,*	Rebecca S. Cohen
6. *Mother's Maiden Name,*	" Sinsheimer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Benjamin Cohen
9. *Father's Occupation,*	merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Alfred Warnstadt M.D
Address,	921 Cathedral St
Remarks,	Given name added by informant

Martha Cohen Lev

1896U003085

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 75003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25th -96
4. Place of Birth, (Street and Number) 515 W. Lexington St
5. Full Name of Mother, Mrs Edgar Cleveland Clark
6. Mother's Maiden Name, Edgar Carrie Derrenbacher
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Edgar Burnam Clark
9. Father's Occupation Telegraph Operator
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Katie Minnich

Address, 800 Leadenhall St

Remarks,

8960003086

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. Should no other person be in attendance upon the mother, the midwife or nurse shall be required to report the birth. Any physician or midwife who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June the 25 - 18 - 96
4. *Place of Birth, (Street and Number)*	Bath st N 1904
5. *Full Name of Mother,*	amelia Smith
6. *Mother's Maiden Name,*	amelia hers
7. *Mother's Birthplace,*	germany
8. *Full Name of Father,*	William H Smith
9. *Father's Occupation,*	master mason
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Miss E Kelley
Address,	1922 William Ave
Remarks,	

6960030887

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 25th, 1896
4. Place of Birth, (Street and Number) Maternite, #110 Hoffman Street West
5. Full Name of Mother, Julia Silomiatia Woodland
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, St Marys County, Md.
8. Full Name of Father, Henry Jerome Thomas
9. Father's Occupation Hack-driver
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Mr. Magdalene Warner, M.D.

Address. Maternite, #110 Hoffman Street, West

Remarks,

1 8 9 6 U 0 0 3 0 8 8

Wm. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of any institution, the physician in attendance upon the mother; immediately thereafter if it shall become necessary to remove such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 76006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or color, (if not of the white race) White
3. Date of Birth, June 25th 1926
4. Place of Birth, (Street and Number) 848½ W. Lombard
5. Full Name of Mother, Lilly Lyman
6. Mother's Maiden Name, " Flemming
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Lyman
9. Father's Occupation, Clerk
10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other person who makes this Return. Dr L Thomas Weir

Address, 855 W. Lombard St

Remarks, Thin Chest Drag Born Single Birth Living Child 24 hours

GULANY & CO., CITY PRINTERS AND STATIONERS.

Every Physician, Midwife or other person who shall attend upon the mother during the birth of a child, shall, within ten days after the birth, sign a certificate containing the date and place of birth, and the full name, residence and occupation of the parents, the date and place of birth, and the sex and color of the child, and shall deliver the same, duly signed by the practitioner in person or transmit it by mail, to the office of the Commissioner of Health, in the City of Baltimore. In case there be no physician or midwife in attendance upon the mother, the certificate shall be signed by the father or mother, or in case of the death or absence of both father and mother, by the householder or other person having knowledge of the facts, who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

430 |

RETURN OF A BIRTH. 75007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	June 25 1896
4. *Place of Birth, (Street and Number)*	723 Dickman Street
5. *Full Name of Mother,*	Stella Jones
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Jones
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	Geo W Dobbin M.D
Address,	The Johns Hopkins Hospital
Remarks,	

1896 0003090

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.)

RETURN OF A BIRTH. 75008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thirteenth (13th)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, June 25th 1896
4. Place of Birth, (Street and Number) 506 Biddle Alley
5. Full Name of Mother, Sarah Ann Yancy
6. Mother's Maiden Name, Sarah Ann Mason
7. Mother's Birthplace, Montgomery Co. Md.
8. Full Name of Father, Jacob Yancy
9. Father's Occupation Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, O O Lumpkin M.D.

Address, Md General Hospital

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

0 7 6 0 8 0 3 0 9 1

Sec. 2. And be it further enacted, That it shall be the duty of the parents, the date and place of birth; and the attendance upon the mother at the time of birth, or practitioner of Health. In case the birth of the first and child to report its birth to the Commissioner thereafter it shall become the duty of the person or persons having charge of such child to report the same to the Commissioner of Health. In the manner and within the period of time required in the case of the first child. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color. (if not of the white race) White

3. Date of Birth, June 26

4. Place of Birth, (Street and Number) 812 Luzerne

5. Full Name of Mother, Mary Polaster

6. Mother's Maiden Name, Mary Buckerso

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Polastee

9. Father's Occupation Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary J Sprague

Address, 824 Canton St.

Remarks.

8960883092

[illegible] schedule shall be delivered, duly signed by the practitioner [illegible] its parents, the date and place of birth; and the ... in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, ~~May~~ June 26
4. Place of Birth, (Street and Number) 1420 Andrew St
5. Full Name of Mother, Auguste Leamundes
6. Mother's Maiden Name, Perzues
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Leamunder
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Early Wyman

Address, 1331 Hull St. Locust Point

Remarks,

18960003093

Wm. J. C. Dulany Co., City Printers and Stationers.

If any person or persons shall refuse or neglect for the space of ninety days after the date of birth, and the third day of each and every month thereafter, to the Commissioner of Health, to make the first and all other returns required by the 4th section of this Ordinance, he, she or they shall forfeit and pay the sum of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

(230)

RETURN OF A BIRTH. 75011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex. (state whether male or female) Male
2. Race or Color. (if not of the white race) Black
3. Date of Birth, June 26 1896
4. Place of Birth, (Street and Number) 624 ½ Dallas Street
5. Full Name of Mother, Edith Brown
6. Mother's Maiden Name, Balto
7. Mother's Birthplace, ? ?
8. Full Name of Father, ? ?
9. Father's Occupation ? ?
10. Father's Birthplace, ? ?

Name of Medical Attendant, or other person who makes this Return, Geo W Robinson M.D.

Address, The Johns Hopkins Hospital

Remarks,

1896000030 94

Wm. J. C. Dulany Co., City Printers and Stationers.

1336.]

RETURN OF A BIRTH. 75012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, 26th
4. Place of Birth, (Street and Number) 1214 South Paca Street
5. Full Name of Mother, Ida Clemmans
6. Mother's Maiden Name, Ida Baam
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Clemmans
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Phillip Mathews

Address, No 647 Stockham Street

Remarks,

Said schedule shall be delivered, duly signed by the practitioner, or person who shall have attended upon such birth, or by the parent, or person having charge of such child, within thirty days after the birth, and the certificate shall be verified by the oath of such practitioner or person, if required by the Commissioner of Health. In case there shall be no such attendant, then the parent or person having charge of such child shall report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

5760083095

RETURN OF A BIRTH. 75013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 26. 1896
4. Place of Birth, (Street and Number) 1424 Warwick place
5. Full Name of Mother, Annie Turner
6. Mother's Maiden Name, Washington
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Enoch Turner
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. H. Glansburg, M. D.

Address, 1122 N. Mount St.

Remarks, Md. Honors. Ins filial.

8960003096

Wm. C. Dulany Co., City Printers and Stationers.

Any physician or midwife in attendance at the birth of any child shall report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth of such child. In case the birth of any child occurs without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in charge of the house in which the birth occurs, or the parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26th 1906.
4. Place of Birth, (Street and Number) 650 W. Lexington St.
5. Full Name of Mother, Fannie E. Richmond
6. Mother's Maiden Name, " " Brown
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry V. Richmond
9. Father's Occupation, Collector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Henry Mch Baxley M.D.

Address, 1531 Madison Ave

Remarks,

8960003097

shall occur without the attendance of the Physician or Midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required in this section. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 75015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Eighth

1. Sex, (*state whether male or female*) Male
2. Race or Color, (*if not of the white race*)
3. Date of Birth, June 26 - 96
4. Place of Birth, (*Street and Number*) 1504 N Wolfe
5. Full Name of Mother, Mary V. McCubbin
6. Mother's Maiden Name, " " Smith
7. Mother's Birthplace, Balto
8. Full Name of Father, Richard W. McCubbin
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary A. Allwell

Address, 1438 N Bond St

Remarks,

birth of any child shall cause a written notice of such birth to be given to the Commissioner of Health. In case the child is born in a house where there is no physician in attendance, the duty of giving such notice shall devolve upon the midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the nurse of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any person neglecting or refusing to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

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RETURN OF A BIRTH. 75016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 26 96.
4. *Place of Birth, (Street and Number)* 720 Calvin Alley
5. *Full Name of Mother,* Margaret McMahon
6. *Mother's Maiden Name,* Kerr
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Lawrence McMahon
9. *Father's Occupation,* Watchman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, A B Kemp MD

Address,

Remarks,

8 9 6 0 0 0 3 0 9 9

Wm J C. Dulany Co., City Printers and Stationers.

The Registrar of each and every month to the office of the Commissioner of Health, a certificate in the form of a certificate between the first and tenth days of each and every month to the office of the Commissioner of Health. In case there be no attendance upon the mother during delivery, the person in charge of the house in which the birth occurs, and in case there be no person in charge of the house, then the nearest relative present, or any person having knowledge of the birth, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such Person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) wight
3. Date of Birth, June 27
4. Place of Birth, (Street and Number) 22 south clinton st
5. Full Name of Mother, Mary Vanderson
6. Mother's Maiden Name, Mary Jane
7. Mother's Birthplace, anrundale county
8. Full Name of Father, nathan Vanderson
9. Father's Occupation, labor
10. Father's Birthplace, baltimore

Name of Medical Attendant, or other person who makes this Return, Albert A Bartner

Address,

Remarks,

6 7 6 0 0 0 3 1 0 0

Every birth shall be reported in the form of a certificate between the first and fifth day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother. Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27 th,
4. Place of Birth, (Street and Number) 602 S. Bond St.
5. Full Name of Mother Annie Pietel
6. Mother's Maiden Name, " Preis
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Pietel
9. Father's Occupation Laborer
10. Father's Birthplace, Poland Balt.

Name of Medical Attendant, or other person who makes this Return, Mary Krzyka

Address. 602 S. Bond

Remarks.

1896 0003101

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate for the birth of any child third day of each and every month, to the office of the Commissioner of Health. Every midwife and other person who shall attend upon the mother, immediately thereafter, in the manner and within the period aforesaid, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 27 1896
4. Place of Birth, (Street and Number) 232 S. Bond St.
5. Full Name of Mother, Elizabeth Verleger
6. Mother's Maiden Name, Schneppel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J. Verleger
9. Father's Occupation Carriage Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1127 E. Pratt St.

Remarks,

18960003102

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 7820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th June
4. *Place of Birth, (Street and Number)* Hanover st. No 705
5. *Full Name of Mother,* Mary E Gallert
6. *Mother's Maiden Name,* Mary E Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward McGuire
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Grove st.

Remarks,

8960003103

Wm. J. C. Dulany Co., City Printers and Stationers.

child, whether male or female; the color, the full name and occupation of its parents, the date of their marriage, if any, and the time and place of birth of each child born alive; and the Health shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any person neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) ~~female~~
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27th 1896
4. Place of Birth, (Street and Number) 1302 W. Lombard
5. Full Name of Mother, Julia King
6. Mother's Maiden Name, " Bowen
7. Mother's Birthplace, Calvert Co. Md.
8. Full Name of Father, Arnold King
9. Father's Occupation Car Builder
10. Father's Birthplace, Western Maryland Frederick Co

Name of Medical Attendant, or other person who makes this Return Dr. J. Carrick M.D.

Address, 1204 Madison Ave

Remarks, Formerly 1316 Myrtle Ave

8960003104

...third day of each and every month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, then the undertaker employed to bury such child is required to report the birth to the Commissioner of Health within the time above prescribed, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.)

RETURN OF A BIRTH. 75022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 6

1. *Sex*, (*state whether male or female*) ~~Female~~ Male
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, 2/4
4. *Place of Birth*, (*Street and Number*) 611 Stockholm Street
5. *Full Name of Mother*, Sherlia Warner
6. *Mother's Maiden Name*, Sherlia Handy
7. *Mother's Birthplace*, Newlan Maryland
8. *Full Name of Father*, Henry Warner
9. *Father's Occupation* Laborer
10. *Father's Birthplace*, Easton Talbot

Name of Medical Attendant, or other person who makes this Return, Isabella Matthews

Address, No 849 Stockholm Street

Remarks,

8760003105

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-30-56

RETURN OF A BIRTH 75023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Alice ~~Clayton~~ Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Saturday June 2 1956 (3 P.M.)
4. *Place of Birth, (Street and Number)* 1204 W. Mosher St
5. *Full Name of Mother,* Margaret Norman Smith
6. *Mother's Maiden Name,* Margaret N. Clayton
7. *Mother's Birthplace,* Anne Arundel Co Md
8. *Full Name of Father,* Percy Smith
9. *Father's Occupation* Physician
10. *Father's Birthplace.* Woodbridge Co Md

Name of Medical Attendant, or other person who makes this Return. [illegible] Md.

Address, 112 W. Mulberry St Balto

Remarks,

B 9 6 0 0 0 3 1 0 6

any such person or persons who shall neglect or refuse or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, June 17 1896
4. Place of Birth, (Street and Number) 908 Shuter Street
5. Full Name of Mother, Jane Reynolds
6. Mother's Maiden Name, Jane Thomas
7. Mother's Birthplace, Maryland
8. Full Name of Father, Henry Reynolds
9. Father's Occupation Laborer
10. Father's Birthplace, West Virginia

Name of Medical Attendant, or other person who makes this Return. Grotte Bobby Jeb

Address, The Johns Hopkins Hospital

Remarks,

8960003107

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 28" 1896
4. *Place of Birth, (Street and Number)*	331 Scott Street
5. *Full Name of Mother,*	Sarah E Buck
6. *Mother's Maiden Name,*	Emerson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edw. D. Buck
9. *Father's Occupation*	Huckster
10. *Father's Birthplace,*	Phila, Penna
Name of Medical Attendant, or other person who makes this Return,	E. L. Garee M.D.
Address,	830 Columbia ave
Remarks.	

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 2-3-56

RETURN OF A BIRTH. 75026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Wilhelm August Jessnitzer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, June 29th 1896
4. Place of Birth, (Street and Number) 418 S. Gone St.
5. Full Name of Mother, Anna Katharina Jessnitzer
6. Mother's Maiden Name, " " Hesselt
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul H. W. Jessnitzer
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo. L. Pilkins

Address, C. M. Bay

Remarks, OTHER NAME ADDED. 7-24-52

8960003109

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28th. 1896
4. Place of Birth, (Street and Number) 2207 Penna Ave
5. Full Name of Mother, Mrs. Clara F. Mc. Dermott
6. Mother's Maiden Name, Hartzell
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mr. James. H. Mc. Dermott
9. Father's Occupation, Car Conductor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wm E. Miller M.D.

Address, 2239 Pennsylvania Ave

Remarks,

8 4 6 U 0 0 3 1 1 0

Wm J. C. Dulany Co., City Printers and Stationers.

Every Physician or Midwife who shall attend upon any birth, shall, within ten days thereafter, report the same in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the father, mother or other person in charge of such child fail to report its birth to the Commissioner of Health, it shall become the duty of the person or persons of such family in which such birth occurs, who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th June 1896
4. Place of Birth, (Street and Number) 1841 Bernard St
5. Full Name of Mother, Mary Louise
6. Mother's Maiden Name, " Hayden
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Irvine
9. Father's Occupation Brakeman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaffer

Address, 1708 E Lombard St. Balto.

Remarks,

8960003111

said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the Registrar of the district in which the birth occurred, within ten days after the birth; and the said practitioner shall also, within the first ten days of each and every month, deliver to the Registrar of the district in which he has practiced during the month next preceding, a like schedule, duly signed, of each and every birth which shall have occurred during such month in the case of which he shall have been in charge, as aforesaid; and in case there shall be no birth to report in any month, he shall, within the first ten days of the month next following, report the fact to the Registrar of the district in which he has practiced. Any practitioner of medicine, midwifery or surgery, who shall fail to report any birth at which he shall be present, or in the case of which he shall have been in charge, as aforesaid, within the time above specified, shall forfeit and pay the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28th 1896.
4. Place of Birth, (Street and Number) 2027 Pleasant Alley.
5. Full Name of Mother, Julia Martina
6. Mother's Maiden Name, Julia Schuler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adolf Martina
9. Father's Occupation Boot Maker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. M. E. Gregory

Address, 2225 E. Baltimore st City.

Remarks,

8960063112

Wm. J. C. Dulany Co., City Printers and Stationers.

Every case of birth and every month to the office of the Commissioner of Health, or such other person as shall have been appointed by the Board of Health for the purpose, the date and place of birth; and the third duty of each and every person who shall be present at the birth of any child within the City of Baltimore, or shall be in attendance upon the mother, immediately after such birth, to report to the Commissioner of Health, in the manner and within the period above required, such birth, and the name of such child, and the name and residence of the parents of such child, and if no physician or practitioner shall be present at the birth of any child, or in attendance upon the mother, immediately after such birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be liable, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 28th 1896

4. Place of Birth, (Street and Number) 1356 E. Baltimore St.

5. Full Name of Mother, Mary Louise Alexander

6. Mother's Maiden Name, Louise Brown

7. Mother's Birthplace, Baltimore Co. Md.

8. Full Name of Father, Wallace R. Alexander

9. Father's Occupation Coloquinist

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey

Address, 1819 Druid Hill Ave.

Remarks.

1896000 3113

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner of Health, in the form of a certificate between the first and ...shall occur without the attendance of a practitioner in the case the birth of any child ...attendance upon such birth to the Commissioner of Health, in the manner and with the particulars required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

286.]

RETURN OF A BIRTH. 75031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ad
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 28 - 96
4. Place of Birth, (Street and Number) 548 Moore alley
5. Full Name of Mother, Mary Pink
6. Mother's Maiden Name, Sothen
7. Mother's Birthplace, Unknown
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Lemuthwaite M.D.
Address, Md General Hospital
Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 7 6 8 6 8 3 1 1 4

Every case of birth and every death shall be reported to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, the parent or person in charge of the premises where such birth occurs shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 28 1896
4. Place of Birth, (Street and Number) 1210 Gough St.
5. Full Name of Mother, Lora Fitz
6. Mother's Maiden Name, Schick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Fitz
9. Father's Occupation Upholster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Pratt St.

Remarks,

8960 03115

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, then the person in whose house or premises such birth shall occur, or the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 22 1896
4. Place of Birth, (Street and Number) 1134 E. Lombard St.
5. Full Name of Mother, Nora Kenealy
6. Mother's Maiden Name, Mc Gourk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patrick Kenealy
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Pratt St.

Remarks,

B 9 6 0 0 0 3 1 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. And it shall no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, such attendant to report in like manner as aforesaid hereafter fail to comply with the provisions of this section, he shall be subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, June 29/96
4. Place of Birth, (Street and Number) 1703 Friendsbury Pl.
5. Full Name of Mother, Mrs. Chas. Megginis
6. Mother's Maiden Name, Alice Hatten
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, Charles Megginis
9. Father's Occupation Machinist
10. Father's Birthplace, Frederick Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2505 Penna. Ave.

Remarks,

6960003117

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 2. And be it further enacted, That the said name and occupation of its parents, the date and place of birth of every child born within the limits of Baltimore City, after the first day of July, eighteen hundred and ninety-one, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, then it shall become the duty of the person or persons having charge of such child or parents to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6/29/96

4. Place of Birth, (Street and Number) 223 E. Fort Ave

5. Full Name of Mother, Annie E. S. do Harper

6. Mother's Maiden Name, do

7. Mother's Birthplace, City

8. Full Name of Father, Frank W. Sebree

9. Father's Occupation Painter

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, E. L. Ellis M.D.

Address, 733 W. Fayette st.

Remarks,

1896 0003118

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother herself shall immediately thereafter, it shall become the duty of the person above required, and either father, mother, grandparent, householder or other person present at the birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 29th
4. Place of Birth, (Street and Number) 439 Orchard Street
5. Full Name of Mother, Mary Fulgham
6. Mother's Maiden Name, Mary James
7. Mother's Birthplace, Accomoke, Md.
8. Full Name of Father, Solomon Fulgham
9. Father's Occupation Gardner
10. Father's Birthplace, Isle of Wite, Va.

Name of Medical Attendant, or other person who makes this Return, M. Magdalene Warner, M.D.

Address, 410 Hoffman Street

Remarks,

5960003119

Wm. J. C. Dulany Co., City Printers and Stationers.

(third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth, it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Angela Conway

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) 29 of June

3. Date of Birth. 756 W. Pratt St

4. Place of Birth, (Street and Number) Clara Conway

5. Full Name of Mother, Clara Young

6. Mother's Maiden Name, Carroll County Md

7. Mother's Birthplace, Jesse B. Conway

8. Full Name of Father, Saloon Keeper

9. Father's Occupation Balto City

10. Father's Birthplace, Jesse Calla Carr

Name of Medical Attendant, or other person who makes this Return, D. Sanders M.D.

Address,

Remarks,

8960003120

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 75038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White race
3. Date of Birth, June 29th, 1896
4. Place of Birth, (Street and Number) 410 Hoffman Street, West
5. Full Name of Mother, Mamie Agnew
6. Mother's Maiden Name, Mamie Agnew
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Frank Burk
9. Father's Occupation Assistant in Barnum's circus.
10. Father's Birthplace, Philadelphia, Pa.

Name of Medical Attendant, or other person who makes this Return, M. Magdalene Warner, M.D.

Address, 410 Hoffman Street, West.

Remarks,

1 5 9 6 0 0 0 3 1 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the premises where the parents or mother of such child reside, and the mother be delivered by a physician or midwife, it shall become the duty of the person or persons in attendance upon the mother immediately thereafter to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 11 Eleventh

1. Sex, (state whether male ~~or female~~) Male
2. Race or Color, (~~if not of the white race~~) Colored
3. Date of Birth, June 28th 1886 at ¼ Past 4 o'clock P.m
4. Place of Birth, (Street and Number) 1712 N.C. Cubben street
5. Full Name of Mother, Priscila Barnett
6. Mother's Maiden Name, ——— Ross
7. Mother's Birthplace, Baltimore city Md
8. Full Name of Father, Samuel J. Barnett
9. Father's Occupation, stevedore and odd Jobs
10. Father's Birthplace, Baltimore city Md

Name of Medical Attendant, or other person who makes this Return. Josephine Cooper

Address, 921 Hunter street

Remarks, Mother and Child are getting along well

Baltimore Md

1886 0 0 0 0 1 2 2

The ... is required by law to be made to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should an attendant fail to report such birth, it shall become the duty of the person occupying the premises where such child was born, or in which the mother resides, to report the same within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

... and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should an attendant fail to report such birth, it shall become the duty of the person occupying the premises where such child was born, or in which the mother resides, to report the same within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 75040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 29
4. Place of Birth, (Street and Number) 2[illegible] Maynard Ave
5. Full Name of Mother, Mrs. Ida Lukas
6. Mother's Maiden Name, Ivaris Ida Wolford
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Elvin Lukas
9. Father's Occupation Labor
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, Truman Anderson

Address, 226 Hedary Street

Remarks.

10960003123

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th "

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, January 29th

4. Place of Birth, (Street and Number) 581 Pratt St.

5. Full Name of Mother, Mrs Thomas

6. Mother's Maiden Name,

7. Mother's Birthplace, Md

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mckenney D Lumpkin M D

Address, Md Gen Hosp

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

5760803124

...ding any of each and every month to the office of the Registrar in the form of a certificate between the first and tenth days of each month, in regard to every birth which shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to make such return to the Commissioner of Health, in the manner and within the period above specified, and any such person who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30th
4. Place of Birth, (Street and Number) Eastern Ave. 1924
5. Full Name of Mother, Lena Zeitel Hartmanofski
6. Mother's Maiden Name, "
7. Mother's Birthplace, Poland
8. Full Name of Father, Frank Zeitel
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Krezka

Address, 602 S. Bond St.

Remarks, The child is a 8 months came through a fall.

164600031125

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 30, 1896
4. *Place of Birth, (Street and Number)*	47 ~~126~~ Bolkner St
5. *Full Name of Mother,*	Lena Spencer
6. *Mother's Maiden Name,*	Lena Hressel
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John A Spencer
9. *Father's Occupation*	Helper
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Dr. R. Caskey
Address,	213 E. Heath St
Remarks,	Living Well

5 7 6 0 0 0 3 1 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Public Hygiene shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child are unable to procure the attendance of a physician or practitioner of midwifery, the person or parents of such child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and also shall comply with the rules of the Commissioner of Health, to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 75044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 30th, 1896
4. Place of Birth, (Street and Number) 620 Gilbert Street
5. Full Name of Mother, Lula Robinson.
6. Mother's Maiden Name, Lula Dorsey.
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Thomas Robinson
9. Father's Occupation, Waiter
10. Father's Birthplace, Philadelphia, Pa.

Name of Medical Attendant, or other person who makes this Return. M. Magdalene Warner, M.D.

Address, Maternite 410 Hoffman Street, West.

Remarks,

B 4 6 0 0 0 3 1 2 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...shall be delivered, duly signed by the practitioner in the form of a certificate hereto annexed, to the office of the Commissioner of Health, within ... third day of each and every month to the office of the Commissioner of Health, a true list of all births which shall occur within the limits of the city during the preceding month, which list shall be signed by the ... shall occur within the limits of the city during the preceding month, which list shall be signed by the ... attending, or if there be no such practitioner, by the householder in whose house the birth occurs, or if there be no other person, by the nurse present at the birth; and every practitioner, householder, nurse or other person who shall attend upon or be present at the birth of any child shall immediately thereafter sign and deliver to the parents of such child a certificate containing the date of the birth of such child, the name, sex and color of the child, and the name of the parents, and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 30 — 1896
4. *Place of Birth, (Street and Number)* 423 N. Dallas St.
5. *Full Name of Mother,* Maggie Chester
6. *Mother's Maiden Name,* Addison
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Chester
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who Mary Stein
makes this return.

Address, 1427 E. Fall St.

Remarks,

0 9 6 0 0 0 3 1 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30th June 1876
4. Place of Birth, (Street and Number) 1469 Garrett Ave, L.P.
5. Full Name of Mother, Charlotte Triboll
6. Mother's Maiden Name, " " Kuhl
7. Mother's Birthplace, Germania
8. Full Name of Father, Anton Triboll
9. Father's Occupation Steamfitter
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return. Mrs. Lizzie Schaffer

Address, Corner C. Fair & Ave L.P.

Remarks,

5960003129

Wm. J. C. Dulany Co., City Printers and Stationers.

Blank to be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236

RETURN OF A BIRTH. 75047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 30th 1896
4. *Place of Birth, (Street and Number)*	1121 E. Balto. st
5. *Full Name of Mother,*	Carrie E. Breidenstein
6. *Mother's Maiden Name,*	" " Donoho
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jacob P. Breidenstein
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	I. Ridgway André M.D.
Address,	1123 E Balto st
Remarks,	

1 8 9 6 U 0 0 3 1 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Physician or Midwife in attendance upon any birth, and the Father, Mother, Householder, or Nurse, if there be no Physician or Midwife in attendance, shall, within the first and third days of each month, severally sign and deliver to the Registrar of Vital Statistics, at his office in Baltimore City, a certificate in the form of a return of the birth of each child which shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 75048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 30 1896
4. Place of Birth, (Street and Number) 641 N. Carey St
5. Full Name of Mother, Marie Louise Wheatley
6. Mother's Maiden Name, Taylor
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Thomas Wheatley
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Alfred Waxstadt M.D.

Address, 921 Cathedral St

Remarks,

1896 00 03131

C. DULANY & CO., CITY PRINTERS AND STATIONERS

SAFETY FILM

RETURN OF A BIRTH. 75049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 96
4. *Place of Birth, (Street and Number)* 808 N. Dallas St
5. *Full Name of Mother,* Madie Shoplett
6. *Mother's Maiden Name,* Wilson
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Shoplett
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto, Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1606 Walker St

Remarks,

8 9 6 0 0 0 3 1 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case there be no physician in attendance upon the mother, immediately thereafter it shall be the duty of any child attendant upon the birth of any child to report the birth of such child to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3rd 1896
4. Place of Birth, (Street and Number) 805 E. Fayette St.
5. Full Name of Mother, Rechie Hoffman
6. Mother's Maiden Name, " Echeir
7. Mother's Birthplace, Russia
8. Full Name of Father, Gadaila Hoffman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Wm. Y. Feldman

Address, 1136 E. Lombard St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

5 Y 6 U 0 0 3 1 3 3

Every midwife, or person other than a physician or practitioner of midwifery, who shall become the duty of the person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4
4. Place of Birth, (Street and Number) 1025 Gilmor St
5. Full Name of Mother, Kate Whitty
6. Mother's Maiden Name, Kate Kennedy
7. Mother's Birthplace, Ireland
8. Full Name of Father, Walter Whitty
9. Father's Occupation, Foreman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

5260003134

Wm J C. Dulany Co., City Printers and Stationers.

Every midwife, or other person not a physician or surgeon, who shall attend upon any case of confinement, shall, within ten days after the birth of any child, cause the birth to be registered with the Commissioner of Health, in the form of a certificate between the first and second columns of the register-book of midwifery; or should no other person be in attendance, the midwife herself shall make such return. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the mother immediately thereafter it shall become the duty of the person with whom she shall reside to cause such birth to be registered as herein required, and attended to in the manner specified. And any midwife or other person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75052

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Born 6th of June
4. Place of Birth, (Street and Number) Pr 118 Maryland St
5. Full Name of Mother, Sadie Stabler
6. Mother's Maiden Name, Bell
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Walter Stabler
9. Father's Occupation, Ass't Sprinkler
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs F Lennane mid wife

Address, Pr 1313 west Baltimore st

Remarks, Same baby not named

6960003135

Wm J C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health, Baltimore City, a certificate of the birth of any child which may have been born within the city during the preceding month, and the attendance of a physician or practitioner or midwifery, or should no other person be in attendance, then the nearest relative present at the birth of any child shall immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. Any person or persons of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6th 96
4. Place of Birth, (Street and Number) 2535 Mary st
5. Full Name of Mother, Emma Baylis
6. Mother's Maiden Name, Emma Stead
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edgar Baylis
9. Father's Occupation, Steam fitter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, L. H. Frey

Address,

Remarks,

5960003136

Wm. J. C. Dulany Co., City Printers and Stationers

third day of ... shall be delivered, duly signed by the attending ... as parents, the date and place of birth ... shall occur within the city, and every month to the office of the Commissioner, in the form of a certificate hereto annexed, the ... attendance upon the mother, which certificate the physician or practitioner ... Board of Health. In case the birth of such child ... shall ... to report its birth to the Commissioner ... shall become the duty of the ... of the house in which the birth occurred, and ... any other person ... in the ... of such ... to report the same ... shall ... to comply with the ... provisions of this section shall be ... Jected to the fine of ... (fifty) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, on 6th of June
4. Place of Birth, (Street and Number) No 434 Wilkens St
5. Full Name of Mother, Estelle Bilbsey
6. Mother's Maiden Name, Tillman
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Charles Bilbsey
9. Father's Occupation, farmer
10. Father's Birthplace, Harford County

Name of Medical Attendant, or other person who makes this Return, M T Lemon med mid

Address, No 1313 East Baltimore St

Remarks, fine baby

not named

B 960003137

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if said no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or manager of such institution, or the owner, lessee or agent of the premises where such birth occurs, or the nearest relative present, or the parent, if able, to report the birth as required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday 6th June 1896
4. Place of Birth, (Street and Number) Bloomberg, near Catonsville Md
5. Full Name of Mother, ~~Amelia~~ Lemay
6. Mother's Maiden Name, ~~Amelia~~ Lambert
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, ~~John Lambert~~ Henry A Lemay
9. Father's Occupation, Farmer
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, M A Lidley

Address, 1004 West Lexington St

Remarks,

1896000313 8

Wm. J. C. Dulany Co., City Printers and Stationers.

And whereas it is provided by the Act of Assembly of 1896, Chapter 123, that the Registrar of Vital Statistics shall not receive or record any certificate of birth unless the same shall be delivered, duly signed by the attending physician or midwife, or by the parent or householder in whose house the birth occurred, within the first ten days after the birth, and that the Registrar shall report to the Commissioner of Health the name of any physician or midwife who shall neglect to make such return for thirty days after the birth of each and every child, and that the Commissioner of Health shall report to the State's Attorney of Baltimore City the name of any person who shall fail to report the birth of any child for thirty days after the birth of such child, and that the State's Attorney shall prosecute such person for such neglect, and that it shall be the duty of the person or parents of such child to report its birth to the Registrar of Vital Statistics, and that any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] name and occupation of its parents. And the [illegible] of each child, if any, shall have the same [illegible] with the [illegible] of the birth of such child. And the [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, [illegible] of [illegible] or should no other person be in [illegible] with the [illegible] of the birth of such child, the [illegible] shall [illegible] the [illegible] to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 8 1896
4. *Place of Birth, (Street and Number)* 926 Aiquith St
5. *Full Name of Mother,* Mary Stanley
6. *Mother's Maiden Name,* Mary Boyle
7. *Mother's Birthplace,* Dorchester Co Md
8. *Full Name of Father,* William Stanley
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return, Wm J. Jenkins Md

Address, 1417 E Eager St

Remarks,

8960003139

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born on the 9th Inst
4. Place of Birth, (Street and Number) No 317 South Monroe St
5. Full Name of Mother, Magie A Price
6. Mother's Maiden Name, Saunders
7. Mother's Birthplace, St Marys County
8. Full Name of Father, Joseph Jefferson Price
9. Father's Occupation, Laborer
10. Father's Birthplace, St Marys County

Name of Medical Attendant, or other person who makes this Return, M I Lerman mid wife

Address, No 1313 west Baltimore St

Remarks, Price Baby not named

1696000 3140

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this act shall be subject to the line of not less than five dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 4 1826

4. Place of Birth, (Street and Number) St Vincents Infant Asylum

5. Full Name of Mother, Mary Smith

6. Mother's Maiden Name, "

7. Mother's Birthplace, Balto.

8. Full Name of Father, Not Known

9. Father's Occupation "

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. A. L. Rasin M. D.

Address, 809 N. Eutaw St.

Remarks,

8960-031-41

Wm. J. C. Dulany Co., City Printers and Stationers.

1230

RETURN OF A BIRTH. 75059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 10 1896
4. Place of Birth, (Street and Number) 1 Bis Lucian St
5. Full Name of Mother, Conrada Rosa Cabrera
6. Mother's Maiden Name, Gonzalez.
7. Mother's Birthplace, England
8. Full Name of Father, Blashey Rosa Cabrera
9. Father's Occupation Laborer
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Maria Borges

Address, N 2613 Fait Av.

Remarks,

6960003142

Wm. J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, filled out and signed by the Physician in the form of a certificate as herein provided, and the same shall be delivered to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time and in the manner and by the person or persons herein required. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall become the duty of the father and mother, immediately thereafter, or should no other person be in attendance, then the mother, immediately thereafter, it shall become the duty of the person occupying the house where such birth occurs, to report the same to the Commissioner of Health, in the manner and within the period of time herein required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10th 1896
4. Place of Birth, (Street and Number) 2128 Madison Ave
5. Full Name of Mother, Ella Lindsay
6. Mother's Maiden Name, Nicol
7. Mother's Birthplace, Penna
8. Full Name of Father, Frank Lindsay
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Chas E Sattler

Address, 1839 Bolton St

Remarks,

8960003143

Wm. J. C. Dulany Co., City Printers and Stationers

336.

RETURN OF A BIRTH. 75061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 12th June
4. Place of Birth, (Street and Number) 721 Forrest St
5. Full Name of Mother, Ellen Welch
6. Mother's Maiden Name, Ellen Malone
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Patrick Welch
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Leith Hutchinson

Address, 1417 E. Eager St.

Remarks,

8960003144

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. June 14 '96
4. Place of Birth, (Street and Number) 1618 The Eldersly St
5. Full Name of Mother, Mattie Warner
6. Mother's Maiden Name, " Stiggle
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Warner
9. Father's Occupation Farmer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Heiler

Address, 1600 Baltimore St

Remarks.

1 8 9 6 0 0 0 3 1 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate hereto annexed, to the Registrar of Vital Statistics of the district in which the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at the birth, the father or mother of such child shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

RETURN OF A BIRTH. 75063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st. 2d. 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 June
4. Place of Birth, (Street and Number) 944 Hillman st
5. Full Name of Mother, Mary Byrne
6. Mother's Maiden Name, Mary Ann Scally
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas Byrne
9. Father's Occupation, Labourer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

1 8 7 6 U 0 8 3 1 4 6

days of each and every month to the office of the Commissioner of Health. Parents or other persons having the control of children, and the practitioner in the form of a certificate between the first and ... shall neglect or refuse to make such return, as aforesaid, no other person be in ... shall occur without the attendance of a physician or nurse, as aforesaid, it shall become the duty of the person or parents of such ... attendance upon the mother, immediately after the occurrence of such birth, in the manner and within the period above required, and ... child to report the same to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14th 96
4. Place of Birth, (Street and Number) 849 Freemont Ave
5. Full Name of Mother, Hanna Murry
6. Mother's Maiden Name, Hanna Tillman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Murry
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Lewis O'Brien

Address, 902 Freemont Ave

Remarks,

1896 0003147

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be registered daily, signed by the practitioner in the form of a certificate between the 1st and 5th days of each and every month to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person in attendance upon the mother immediately thereafter is not a practitioner of midwifery, it shall become the duty of the parents of such child to report it to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above prescribed; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 7506 S

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 15 - 1896
4. Place of Birth, (Street and Number) 4 Bell Court
5. Full Name of Mother, Angie Byrd
6. Mother's Maiden Name, Angie Morris
7. Mother's Birthplace, Virginia
8. Full Name of Father, James Byrd
9. Father's Occupation, Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes the return. Haughton Bousleigh M.D.

Address, 301 E. 2/St

Remarks, Normal

B 9 6 0 0 0 3 1 4 8

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 75066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15th
4. *Place of Birth, (Street and Number)* 2849 Lanvale st
5. *Full Name of Mother,* Louisa Matilda Persley
6. *Mother's Maiden Name,* Louisa Matilda Randels
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Maurice Scott Persley
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary I Keegan

Address, 2847 Lanvale st

Remarks,

0 9 6 0 0 0 3 1 4 9

Wm. J. C. Dulany Co., City Printers and Stationers

shall duly of each and every month to the office of the Commissioner of Health, a true and correct return of every birth which shall occur within such month, and the attendance of a physician or practitioner of midwifery, or the failure to make the birth of any child known to the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report the birth as above directed. And any such person or persons who shall hereafter fail to comply with any portion of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 75067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18 96
4. Place of Birth, (Street and Number) 1710 Mulberry St
5. Full Name of Mother, Mary A. Starling
6. Mother's Maiden Name, Mary A. Jones
7. Mother's Birthplace, Md
8. Full Name of Father, Joseph Starling
9. Father's Occupation, Policeman
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

1896 03150

GEO. J. G. DALANY & CO., CITY PRINTERS AND STATIONERS

Said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the Registrar of Vital Statistics of the district in which the birth occurred, within five days after the birth, and a certificate of such delivery shall be given by the Registrar to the person delivering the same. Every practitioner of midwifery, or person acting as such, shall deliver a like schedule, duly signed by him, to the Registrar of Vital Statistics of the district in which the birth occurred, within five days after the birth, and every practitioner of midwifery, or person acting as such, who shall fail to deliver such schedule as herein required, shall forfeit to the Mayor and City Council of Baltimore the sum of ten dollars for each and every month to the time of the delivery thereof. It shall become the duty of the person in charge of each case of birth occurring without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the duty shall devolve upon the father, or in case of his absence, upon the nearest relative present, to report the birth of any child occurring under such circumstances, to the Registrar of Vital Statistics of the district in which the birth shoccurred, within five days after the birth, and a certificate of such report shall be given by the Registrar to the person making the same. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the duty shall devolve upon the father, or in case of his absence, upon the nearest relative present, to report the birth of such child to the Registrar of Vital Statistics of the district in which the birth occurred, within five days after the birth, and a certificate of such report shall be given by the Registrar to the person making the same. Every practitioner of midwifery, or person acting as such, who shall fail to deliver such schedule as herein required, shall forfeit to the Mayor and City Council of Baltimore the sum of ten dollars for each and every month to the time of the delivery thereof. It shall become the duty of the person in charge of each case of birth occurring without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the duty shall devolve upon the father, or in case of his absence, upon the nearest relative present, to report the birth of any child occurring under such circumstances, to the Registrar of Vital Statistics of the district in which the birth occurred, within five days after the birth, and a certificate of such report shall be given by the Registrar to the person making the same. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the duty shall devolve upon the father, or in case of his absence, upon the nearest relative present, to report the birth of such child to the Registrar of Vital Statistics of the district in which the birth occurred, within five days after the birth, and a certificate of such report shall be given by the Registrar to the person making the same. Every practitioner of midwifery, or person acting as such, who shall fail to deliver such schedule as herein required, shall forfeit to the Mayor and City Council of Baltimore the sum of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 75068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 18 1896
4. *Place of Birth, (Street and Number)* 501 Bayview Ave
5. *Full Name of Mother,* Annie Woodhouse
6. *Mother's Maiden Name,* Annie Frey
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Geo Woodhouse
9. *Father's Occupation,* Lab
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Jane Woodhouse

Address,

Remarks,

8960083151

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, to whom the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or where no other person is in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 35067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 14, - 96
4. Place of Birth, (Street and Number) Christian & Smallwood Streets
5. Full Name of Mother, Esther Trachtenberg
6. Mother's Maiden Name, Esther Franklin
7. Mother's Birthplace, Galicia, Austria
8. Full Name of Father, Fischer Trachtenberg
9. Father's Occupation Grocer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return M. Savage M.D.

Address, 208 N. High St.

Remarks,

1896 0003 152

Wm. J. C. Dulany Co., City Printers and Stationers

Every midwife, or other person not a physician or practitioner of medicine, who shall be in attendance upon any birth, shall, within ten days after the occurrence thereof, report to the Commissioner of Health, in the manner and within the period above specified, such birth, and the name and occupation of its parents, the date and place of birth, and the sex of the child, in a certificate duly signed by the practitioner in the form of a certificate to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

750 11

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female). ~~White~~ Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. 16 June 96
4. Place of Birth, (Street and Number) 1438 Eastern Av
5. Full Name of Mother, Giulia Antonelli
6. Mother's Maiden Name, Giulia Mariella
7. Mother's Birthplace. Larina Italia
8. Full Name of Father. Gabbriele Antonelli
9. Father's Occupation. Muratore
10. Father's Birthplace, Larina Italia

Name of Medical Attendant, or other person who makes this Return. Palma Tamarelli

Address. 935 President St

Remarks. Caterina Antonelli

1 6 9 6 0 0 0 3 1 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health, the case and place of birth, and the name, residence and occupation of the parents, as far as he shall be informed, and no other person be required to report such birth, unless the attendance of a physician or midwife or such other person shall become the duty of the person or parents of such child, or the physician or midwife or such other person shall be absent from the house at the time of the birth, or unless the attendance upon the mother, immediately after the birth, in the manner and within the period above required, and shall neglect to report such birth to the Commissioner of Health, in the manner and within the period above required, and such report is made by some person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as no other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75071 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White race
3. Date of Birth, June 1st
4. Place of Birth, (Street and Number) 731 N. Curson Garland St
5. Full Name of Mother, Mary Shea
6. Mother's Maiden Name, Mary Ryan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Shea
9. Father's Occupation Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs Mary L Shockney

Remarks. 731 Curson Garland St

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third days of each month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person having attendance upon the mother, immediately thereafter, if she become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and, on failure of any person so required to report, as aforesaid, he or they shall forfeit and pay for the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896 0003154

06.]

RETURN OF A BIRTH. 15072A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female, ~~Colored~~

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 12 Th 96

4. Place of Birth, (Street and Number) Balto City Md 1618 Wilcox St

5. Full Name of Mother, Fanny Augustus Johnson

6. Mother's Maiden Name, Fanny Augustus Carters

7. Mother's Birthplace, Cambridge Dorchester Co Md

8. Full Name of Father, Perry Hayman Johnson

9. Father's Occupation Dragon Driver

10. Father's Birthplace, Kent Island Queenn Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs Deita

Address, 1617 Calhoun St

Remarks,

1896 00003155

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate of the birth of each child born within the first days of such month, and the place of birth, and the name, residence and occupation of the parents of such child, which certificate shall be made in the form of a certificate to be furnished by the Commissioner of Health. In case there be no living child to be reported, the undersigned shall immediately give notice of the fact to the Commissioner of Health. In case there be more than one child born at a birth, a separate certificate shall be made for each child. The undersigned shall immediately thereafter file with the Commissioner of Health a certificate of the number and sex of children born dead at such birth, and the cause of death, if known. Any physician or midwife, or any other person who shall neglect or refuse to make any such return or report, or to furnish any such certificate, as herein required, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75073 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17 13
4. Place of Birth, (Street and Number) 532 N Mount St
5. Full Name of Mother, Lillie Ignatius Sandaland
6. Mother's Maiden Name, Lillie B Ford
7. Mother's Birthplace, St Marys County Md
8. Full Name of Father, Louis Franklin Sandaland
9. Father's Occupation Driver U S Mail
10. Father's Birthplace, Calvert County Md

Name of Medical Attendant, or other person who makes this Return. Mrs Mary L Sullivan

Address, Mrs Mary L Sullivan

Remarks, 731 Southland St

1896U003156

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be registered, the full name and occupation of its parents, the date and place of birth of the child, and such other particulars as may be required by the Registrar of Vital Statistics, and the first and last name of the child, if any, shall be given at the time of registration, if the child be then living. Every person who shall practice midwifery within the City of Baltimore, and every physician who shall be in attendance upon a birth, shall report the same to the Registrar of Vital Statistics, in the manner and within the time prescribed by the Board of Health, and every person who shall neglect or refuse to make such report, as required by this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[336.]

RETURN OF A BIRTH. 75074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 / 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16. June
4. Place of Birth, (Street and Number) 24 W. Chase St
5. Full Name of Mother, Lizzie Loeb
6. Mother's Maiden Name, Lizzie Bockmoeller
7. Mother's Birthplace, Germany
8. Full Name of Father, Meichale Loeb
9. Father's Occupation Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Bird Hutchinson

Address, 1417 E Eager St.

Remarks,

8960003157

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and the fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 75075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 17. 1846
4. Place of Birth, (Street and Number) 24 Bruce St
5. Full Name of Mother, Annie I Tichenor Hill
6. Mother's Maiden Name, Annie I Nickerson
7. Mother's Birthplace, N. Scotia
8. Full Name of Father, Zebulon Hill
9. Father's Occupation, Lab
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Jane Moorland

Address,

Remarks,

said schedule shall set, color, the full name and occupation of its parents, the date and place of birth of each child, if any, born of such mother since the last return, and the number of children of such mother living at the time of such birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person in attendance upon the mother, immediately thereafter, to make such return to the Commissioner of Health, in the manner and within the period above required. And any such person offending in the premises shall forfeit and pay for every such offence, to be recovered as other fines and forfeitures are recoverable, in the name of the State, to the use of the Board of Health, the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. GILLARY & CO., CITY PRINTERS AND STATIONERS

8760803158

RETURN OF A BIRTH. 75076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 17 June
4. Place of Birth, (Street and Number) 916 E. Chase St
5. Full Name of Mother, Ida Hagerty
6. Mother's Maiden Name, Ida Mc Guines
7. Mother's Birthplace, Balto
8. Full Name of Father, John Hagerty
9. Father's Occupation, Barkeeper
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

1896 0003159

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75077 F

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, June 17 96
4. Place of Birth, (Street and Number) 643 Vine St
5. Full Name of Mother, Eliza Latamore
6. Mother's Maiden Name, Eliza Johnson
7. Mother's Birthplace, Va.
8. Full Name of Father, Moses Latamore
9. Father's Occupation Laborer
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, J. L. Hopkins M.D.

Address, 1840 N Baltimore St

Remarks,

8960003160

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-11-58

RETURN OF A BIRTH. 750 78 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie Attenheimer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18 96
4. Place of Birth, (Street and Number) 1228 N North Av
5. Full Name of Mother, Alice Attenheimer
6. Mother's Maiden Name, Alice Poorman
7. Mother's Birthplace, Penna
8. Full Name of Father, Benj Attenheimer
9. Father's Occupation, Butchers Supplies
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A Cole

Address, 2038 Madison Av

Remarks,

8 9 6 0 0 0 3 1 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be, or the full name and occupation of its parents, the date and place of birth, and the third day of each month every such physician or midwife shall deliver to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, every such person in charge of such child shall within ten days after the birth of such child deliver to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

75-079 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 June 1896
4. Place of Birth, (Street and Number) 2722 Huntingdon ave.
5. Full Name of Mother, Lizzie Dilworth
6. Mother's Maiden Name, " Wynne
7. Mother's Birthplace, Maryland
8. Full Name of Father, Albert Dilworth
9. Father's Occupation, Conductor on Md Central R.R.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Caughlan Bentley M.D.

Address, 301 E 21st St.

Remarks,

Issued

A 9 6 0 0 0 3 1 6 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter, to report the birth of the child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

75080 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 9 1896
4. Place of Birth, (Street and Number) 1732 Eastdale Place
5. Full Name of Mother, Agnes Bankert
6. Mother's Maiden Name, " Neppenauer
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Bankert
9. Father's Occupation Engraver
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Hanlon St

Remarks,

8960003163

Wm. J. C. Dulany Co., City Printers and Stationers.

...section shall be delivered, duly signed by the practitioner or midwife in attendance upon the birth, or by the parents, the date and place of birth; and the name of each child born alive at a single birth shall be reported separately. Every midwife shall report to the office of the Commissioner of Health, on or before the third day of each and every month, the births attended by her during the preceding month. In case the attendance of a physician or midwife is not secured, the parents shall report the birth of any child born alive to the Commissioner of Health, in the manner and within the time required by this section. In case of the absence from the city of both parents, the duty of reporting the birth of any child born alive shall devolve upon the person having charge of the house in which the birth occurs. Any person who shall neglect or refuse to report the birth of any child as required by this section shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five (5) dollars nor more than twenty (20) dollars for each offense. Any midwife who shall neglect or refuse to report the births attended by her as required by this section shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than ten (10) dollars nor more than twenty (20) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73081 D

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 14 '26
4. Place of Birth, (Street and Number) 616 N. Bethel St
5. Full Name of Mother, Katie Funke
6. Mother's Maiden Name, " Hammack
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wallace Funke
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1606 Baker St

Remarks,

1 8 9 6 0 0 0 3 1 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person who shall neglect or refuse to answer orally signed by the practitioner in the form of a certificate between the date and the third day of each and every month to the office of the Commissioner of Health, the date and place of birth and the sex and color of each child born during the preceding month, and the name of the father and mother of such child, and the occupation of the father, if any child, without the attendance of a physician or practitioner, shall within the period above required, and after notice in writing from the Commissioner of Health, or from some one in the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents of such child hereafter fail to comply with the provisions of this section shall be subject to the fine of fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75082 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 19th

4. Place of Birth, (Street and Number) 1104 Fairmount Ave.

5. Full Name of Mother, Naomi S. Murphy

6. Mother's Maiden Name, Fothmad

7. Mother's Birthplace, Balto

8. Full Name of Father, Samuel Murphy

9. Father's Occupation Engineer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, W. W. Lawson

Address, 1238 Fairmount Ave

Remarks,

8960003165

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7508 A 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 June 96
4. *Place of Birth, (Street and Number)* Baltimore, 932 N. Fayette St
5. *Full Name of Mother,* Carey Hohman
6. *Mother's Maiden Name,* Carey Post
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Jacob Hohman
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. A A Tedder

Address, 1004 West Lexington St

Remarks,

8960003166

Wm. J. C. Dulany Co., City Printers and Stationers.

said midwife shall be delivered, duly signed by the physician or midwife, to the parents, the date and place of birth; and the said midwife shall deliver a certificate in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health, in case no other person shall be in attendance upon the mother; and every midwife who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required by this section, and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] shall have [illegible] of its parents, the date and place of birth; and the [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[336]

Quer

RETURN OF A BIRTH. 75084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Charles Alexander Kratz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color. (if not of the white race)

3. Date of Birth, 6/2/96

4. Place of Birth, (Street and Number) [illegible]

5. Full Name of Mother, Maggie Kratz

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Kratz

9. Father's Occupation Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1327 [illegible]

Remarks,

1 8 9 6 0 0 0 3 1 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

1336

RETURN OF A BIRTH. 75085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 6 / 1916
4. Place of Birth, (Street and Number) 2212 Eyster
5. Full Name of Mother, Mary E Darsch
6. Mother's Maiden Name, Long
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John M Darsch
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm L Ryan

Address, 1 Mt 1917 E Monument

Remarks,

B 9 6 U 0 0 3 1 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 3. Be it ordained, That the information of the parents, the date and place of birth; and the name of each and every month to the office of the Commissioner of Health. In case the child shall die before the first and attendance upon the mother, and such person shall within the time above required, and child to report its birth to the Commissioner of Health, in the manner and within the time above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7 1896
4. Place of Birth, (Street and Number) 1129 Hull Street
5. Full Name of Mother, Bridget Dowling
6. Mother's Maiden Name, Bridget Foley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Foley
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Margaret E Hall

Address, 1619 Eutaw Street

Remarks,

1896 00031169

Wm J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person in charge of the mother, immediately thereafter, to report in like manner the particulars required to be reported in the birth certificate. Any person who shall neglect, refuse or wilfully fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 75087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 8/96. ~~1414 Eutaw Place~~
4. Place of Birth, (Street and Number) 1414 Eutaw Place
5. Full Name of Mother, Grace Gaddess Davis
6. Mother's Maiden Name, Grace Gaddess
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George G. Davis
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Howard A. Kelly

Address, 1406 Eutaw Place

Remarks,

B 96 000 3170

Wm. J. C. Dulany Co., City Printers and Stationers.

Every child born within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the physician in attendance, or by the midwife, or by the parent, householder or other person present at the birth, within ten days after such birth, stating the full name and occupation of the parents, the sex, color, the full name and occupation of the person making the return, and the date and place of birth of the child, and the name of each child (if any) born before it, and the date of birth of the first child born; and every physician, midwife or other person who shall have been present at the birth of any child, and who shall neglect to report the same as herein required, shall forfeit and pay the sum of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every undertaker who shall bury any dead body of a child, or who shall receive any dead body of a child for burial, shall require a certificate of the Registrar of Vital Statistics, Board of Health, Baltimore City, that the birth of such child has been reported as required by law, and shall make return to the Registrar of Vital Statistics, Board of Health, Baltimore City, of the name, age, sex, color, place of birth and residence of such child, and the name and residence of the parents, and the date of burial, and the name and residence of the undertaker, on or before the fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother herself shall make the return of the particulars required of such person, and in all cases where there is a physician in attendance, it shall be the duty of such physician to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 6/10/96
4. Place of Birth, (Street and Number) 6 12, 1920 E Preston St
5. Full Name of Mother, Mary J. Rosenberger
6. Mother's Maiden Name, Fleckenstein
7. Mother's Birthplace, Germany
8. Full Name of Father, John Rosenberger
9. Father's Occupation Laborer work
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo. L. Geyer

Address, No 1907 E Monument St

Remarks,

8960003171

Wm. J. C. Dulany Co., City Printers and Stationers.

The above is to be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in attendance upon the mother, immediately hereafter to make the return required by this section. And if any child born in this City shall be found unregistered, it shall become the duty of the person or persons in charge of such child or of the parents, if living in the same house with the child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 75089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 6/10/96
4. Place of Birth, (Street and Number) No 516 E Chase St
5. Full Name of Mother, Louisa Meyer
6. Mother's Maiden Name, Lebo
7. Mother's Birthplace, Germany
8. Full Name of Father, August Meyer
9. Father's Occupation Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, M L Gross.

Address, No 1907 E Monument St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960003172

third day of each and every month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or midwife, then it shall become the duty of the parent of such child to report the birth, immediately thereafter, to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1286.]

RETURN OF A BIRTH. 75090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11, 1896
4. Place of Birth, (Street and Number) No. 1428 Point Lane
5. Full Name of Mother, Frances Holden
6. Mother's Maiden Name, Frances Cunningham
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Holden
9. Father's Occupation Produce Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Guy L. Elwell M.D

Address, 1741 Harford ave

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

B 9 6 0 0 0 3 1 7 3

Each scholar shall be delivered, duly signed by the parent or guardian, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, a certificate between the first and fifth days of each month, stating the name, residence, occupation of its Parents, the date and place of birth; and the attendance without the attendance of a physician or practioner of midwifery; or should no other person have been in attendance, unless the mother herself, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as aforesaid, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1286.

RETURN OF A BIRTH. 75091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13, 1886.
4. Place of Birth, (Street and Number) No. 1804 Hope Street
5. Full Name of Mother, Mollie Parr.
6. Mother's Maiden Name, Mollie Renner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Parr.
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elwell, M.D.

Address, 1741 Hartford ave

Remarks,

and be made, shall be delivered, duly signed by the practitioner, the date and place of birth, and the occupation of its parents, the person in charge of such case shall forthwith report the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, it shall become the duty of the person occupying the house where such birth occurs, within the period above required, and in case there is no person occupying such house, then the person having charge of the premises, to report such birth to the Commissioner of Health, and comply with the provisions of this section shall be subject to a penalty of Ten Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896 0003174

1230.]

RETURN OF A BIRTH. 75092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13 1896.
4. Place of Birth, (Street and Number) Res. 1462 Harford ave.
5. Full Name of Mother, Elana Crawley
6. Mother's Maiden Name, Elana Thompson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Crawley.
9. Father's Occupation Clerk
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Dr. A. Elwell M.D.

Address, 1741 Harford ave.

Remarks,

8960003175

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty. Section 8. And be it further enacted, That the occupation of its parents, the date and place of birth, the name and residence of the attendant at the birth, and the number of the child, if any, born alive at each birth, shall be delivered, duly signed by the attendant at the birth, or in case there was no attendant, by the father or mother of the child, to the Commissioner of Health, or some person authorized by him, at the office of the Commissioner of Health, within ten days after the birth; and the Commissioner of Health shall cause to be printed such forms as may be necessary for the purposes of this section, and shall furnish the same to physicians, midwives, and other persons applying therefor. And if any physician or practitioner of medicine or midwife, or in the absence of such physician, practitioner or midwife, any person who shall be present at the birth of any child shall neglect or refuse to report such birth in the manner and within the period prescribed by this section, or any person required by this section to report the birth of any child, or to furnish information concerning the same, shall neglect or refuse to furnish such information, or any such person or persons who shall knowingly furnish false information, shall, for each offence, be subjected to a fine of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 75093

GIVEN NAME ADDED 4/4/21

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: IRENE MARGARET ROLL

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14, 1896.
4. Place of Birth, (Street and Number) No. 1041 Virginia Ave.
5. Full Name of Mother, Maggie Roll.
6. Mother's Maiden Name, Maggie Stengle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Roll.
9. Father's Occupation Piano Maker.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Aug. A. Clewell, M.D.

Address, 1341 Hanford ave

Remarks, DATE FILED: 1896

Wm. J. C. Dulany Co., City Printers and Stationers.

8960003176

RETURN OF A BIRTH. 75094 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20. 1896
4. Place of Birth, (Street and Number) St. Vincents Inf. Asylum
5. Full Name of Mother, Mary Ganey
6. Mother's Maiden Name, "
7. Mother's Birthplace, Unknown
8. Full Name of Father, "
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, A. L. Rasin M. D.

Address, 809 N. Eutaw St.

Remarks,

1896000031177

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75095 B

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 21. 1896
4. *Place of Birth, (Street and Number)* St. Vincents Infant Boylum
5. *Full Name of Mother,* Lilly Gaither
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Not Known
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, A. le. Resni M. D.

Address, 109 N. Eutaw St.

Remarks,

1-8-4-6-U-0-3-1-7-8

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Midwife, or other person who shall attend at the birth of any child, shall ascertain the full name of each child, (if any shall have been given,) its sex, color, the full names, age, occupation of its parents, the date and place of birth, and the number of the child of the mother, (whether first, second, third, &c.,) and within three days after the birth shall make a certificate thereof in the form and manner required by the Commissioner of Health, and shall deliver, duly signed by the attendant, such certificate to the parent or parents of such child, if living, or to the nearest relative present at the birth, or to the occupant of the house in which the birth occurred, and shall report the same in writing to the office of the Commissioner of Health. In case the birth occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth in the manner and with the certificate required of midwives, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75096 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Female~~ 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2d — 96
4. Place of Birth, (Street and Number) 1453 Francis st
5. Full Name of Mother, Ida V. Shipley
6. Mother's Maiden Name, " " Gilbert
7. Mother's Birthplace, Balto Co.
8. Full Name of Father, Wm D. Shipley
9. Father's Occupation, Machinist
10. Father's Birthplace. Elliott City

Name of Medical Attendant, or other person who makes this Return, L. F. Tracy M.D.

Address,

Remarks,

8960003179

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 15-097A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3rd

1. Sex, (*state whether male or female*) Female
2. Race or Color, (*if not of the white race*) White
3. Date of Birth, June 21
4. Place of Birth, (*Street and Number*) 1911 division St
5. Full Name of Mother, Emma Alendora Shaub
6. Mother's Maiden Name, Emma G Dillon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Edward Shaub
9. Father's Occupation Machinist
10. Father's Birthplace, York Pa

Name of Medical Attendant, or other person who makes this Return, Mary I Wenger

Address, 2847 Tonedale St

Remarks,

6 7 6 U n 3 1 8 0

said schedule shall be delivered, duly signed by the Physician or person in attendance upon the mother, immediately thereafter. It shall become the duty of the person in attendance upon the mother, immediately thereafter to fill out and sign a certificate of birth, in duplicate, and deliver the same to the parent or parents of such child or, in the absence of the parents, to the head of the family in which such birth occurs, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-21-58

RETURN OF A BIRTH. 75098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie C. Shagogue

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24, 1895
4. Place of Birth, (Street and Number) 2502 Francis st
5. Full Name of Mother, Annie Shagogue
6. Mother's Maiden Name, Annie Lonick
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Frederick Shagogue
9. Father's Occupation, Car Conductor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs. Nora A. Shagogue

Remarks, 731 Lombard East

8960003181

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM KODAK

RETURN OF A BIRTH. 75099 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 21 1896
4. *Place of Birth, (Street and Number)*	W. Franklin 712
5. *Full Name of Mother,*	Annie Amelia Allen Heidler
6. *Mother's Maiden Name,*	York Emma
7. *Mother's Birthplace,*	Henry Allen
8. *Full Name of Father,*	Coal Driver
9. *Father's Occupation*	Georgetown D.C.
10. *Father's Birthplace,*	John H. Evans M.D.
Name of Medical Attendant, or other person who makes this Return.	1918 Fennal Ave.
Address,	
Remarks,	

8960003182

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 75100 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 21 of June
4. Place of Birth, (Street and Number) Baltimore Peach Alley 925
5. Full Name of Mother, Senora Mason
6. Mother's Maiden Name, Senora Davis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Davis
9. Father's Occupation, Labored
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Annie M Davis. 917 Peach Al

Address,

Remarks,

B 9 6 0 6 0 4 1 8 3

been conferred) its sex, color and if possible the full name of each child, if any during the said schedule shall be delivered, duly signed by such attendant, to the parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, a certificate between the first and all births occur without the attendance of a physician or practitioner of midwifery, or should no other person be child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1286.]

RETURN OF A BIRTH. 75701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22, 1896.
4. Place of Birth, (Street and Number) No. 84 Hanford ave ext.
5. Full Name of Mother, Maggie Connell.
6. Mother's Maiden Name, Maggie O'Neill
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Philip Connell.
9. Father's Occupation Restaurant.
10. Father's Birthplace, Maryland (Ireland)

Name of Medical Attendant, or other person who makes this Return, Aug. A. Connell, M.D.

Address, 1741 Hanford ave.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960003184

Every physician or midwife in attendance upon a birth, for which a certificate is required by this act, shall, within ten days after such birth, deliver to the parent or parents of such child, or to the person having charge of the premises where such birth occurred, a blank form of certificate, and shall, within ten days after the birth, fill out the same, and sign the statement of facts therein contained, and deliver the same to the parent or parents of such child, or to the person having charge of the premises where such birth occurred, and shall, on the third day of each and every month, (or the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge of the premises where such birth occurred, then it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75102 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed and acknowledged, to the Registrar of Vital Statistics, the date and hour of birth, and the sex of each child born alive at one birth; and the Practitioner in the form of a certificate to be kept on file in the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 22nd day of June 1876.
4. Place of Birth, (Street and Number) 2512 Oak St.
5. Full Name of Mother, Florence May Segner.
6. Mother's Maiden Name, Florence May Hungry.
7. Mother's Birthplace, New York. Harford Co. Md.
8. Full Name of Father, Jesse Louis Segner.
9. Father's Occupation, B. & O. R. R. Co. Brakeman.
10. Father's Birthplace, Portage. Wood Co. Ohio.

Name of Medical Attendant, or other person who makes this Return, Missa Jones.

Address, 1337 Whatcoat St.

Remarks, Perfect.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896 0003185

Over

RETURN OF A BIRTH. 73103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. June 13 96
4. Place of Birth, (Street and Number) 706 Eutaw St.
5. Full Name of Mother, Annie Plowman
6. Mother's Maiden Name, Annie Samuel
7. Mother's Birthplace, Balto
8. Full Name of Father, Mason Plowman
9. Father's Occupation Clerk
10. Father's Birthplace, Penna

Name of Medical Attendant, or other person who makes this Return. A.C. Pole

Address, 2038 Madison Ave

Remarks. Full name of child - Steve M. Plowman

3960003186

Wm. J. C. Dulany Co., City Printers and Stationers.

said reteiate shall be delivered, duly signed by the attendant or other person who shall have attended upon such mother during her confinement, or if there be no such attendant or person, then by the father or mother of such child, or the occupier of the house in which such birth shall happen, within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 75104 A

GIVEN NAME ADDED 10-5-36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Earl Wilkens

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 23, 96
4. Place of Birth, (Street and Number) No. 2520 Canton ave
5. Full Name of Mother, Louisa Wilkins
6. Mother's Maiden Name, Lehmann
7. Mother's Birthplace, Germany
8. Full Name of Father, John D. Wilkins
9. Father's Occupation Boiler maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas L Lewis

Address, No. 1907 E Monument St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960003187

Physicians are required to report births attended by them, within ten days after the birth, and in case of their neglect to do so, the parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the first and shall occur without the city, the return shall be made within ten days after the first visit to the attendance upon the mother, immediately thereafter. It shall be the duty of every person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the time specified above required, and every such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or fines (by indictment for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23 '96
4. Place of Birth, (Street and Number) 1033 Hanover St
5. Full Name of Mother, Sallie Johnston
6. Mother's Maiden Name, O'Neill
7. Mother's Birthplace, Balto
8. Full Name of Father, Jerrard Johnston
9. Father's Occupation Electrician
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Lyman Evans M.D.

Address, 1235 Lemmon Ave

Remarks,

8960003188

Said schedule shall be delivered, duly signed by the person who shall sign the name of each child (if any shall have been born) to the Registrar of Vital Statistics, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the parents of such child decline upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the birth as herein required, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75106 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7 96
4. Place of Birth, (Street and Number) 359 Calvert
5. Full Name of Mother, Jessie Ballantyne
6. Mother's Maiden Name, Yeakell
7. Mother's Birthplace, Md
8. Full Name of Father, Wm. Ballantyne
9. Father's Occupation Restaurant Prop.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. J. H. Robertson M.D.

Address, 736 E. Preston St

Remarks,

1896 0 0 0 3 1 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each and every birth, and the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person required to report its birth to the Commissioner of Health, in the manner and within the period above required, and attend such person or persons with the penalties of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 7 96

4. Place of Birth, (Street and Number) 1332 Hillsman St.

5. Full Name of Mother, M. Mullen

6. Mother's Maiden Name, M. Russell

7. Mother's Birthplace, Md

8. Full Name of Father, P. B. Mullen

9. Father's Occupation Fireman

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. K. Robinson M.D.

Address, 736 E. Preston St.

Remarks,

A

1896 0003190

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the physician or attendant, or by the parents, the date and place of birth; and the name, sex and color of each child born alive, or stillborn after the fifth month of pregnancy, as the case may be, shall be entered on a certificate to be furnished by the Commissioner of Health, and delivered between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother at the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case any midwife or other person shall neglect or refuse to make any such report as shall herein be required, and any such person or persons who shall hereafter fail to comply with the provisions of this article shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19 96
4. Place of Birth, (Street and Number) 1300 Wint St.
5. Full Name of Mother, M. Carr
6. Mother's Maiden Name, M. M. Gann
7. Mother's Birthplace, Md
8. Full Name of Father, Jno. J. Carr.
9. Father's Occupation Coachman
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Robinson Md.

Address, 126 E. Preston St.

Remarks,

8960003191

Wm. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the number of children to whom each have been born, and the number of such children now living, the time of each child, if any, shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75109

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st. 2d. 3d. &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 23 1896
4. Place of Birth, (Street and Number) 1620 Holbrooke st
5. Full Name of Mother, Emma Douglas
6. Mother's Maiden Name, Emma Goetz
7. Mother's Birthplace, Balto
8. Full Name of Father, Albert J. Douglas
9. Father's Occupation, Labourer
10. Father's Birthplace, Elizabeth City N. C.

Name of Medical Attendant, or other person who makes this Return. Mrs. Cunningham

Address,

Remarks,

18960003192

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 75110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, June 24/46
4. Place of Birth, (Street and Number) 201 Lancaster al
5. Full Name of Mother, Kate Hall
6. Mother's Maiden Name, Kate Green
7. Mother's Birthplace, Md
8. Full Name of Father, Alexander Hall
9. Father's Occupation, Cook Lab
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

and whether child was born alive or dead. The full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month. Each certificate to be written or printed legibly, and shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter prescribed, to the parent, nurse or other person in charge of the mother, at the time of the visit next after the birth, and shall occur without the attendance of a physician, the certificate of birth shall be made by the person in attendance upon the mother. Immediately thereafter it shall become the duty of the person so required to make such report to the Commissioner of Health, in the manner and within the period above prescribed, to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. GILBERT & CO., CITY PRINTERS AND STATIONERS

6960003193

RETURN OF A BIRTH. 75111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1 St

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25 1896
4. Place of Birth, (Street and Number) S E Cor Fairmount & Wolfe
5. Full Name of Mother, Eva May Beeker
6. Mother's Maiden Name, Eva May Green
7. Mother's Birthplace, Balto Maryland
8. Full Name of Father, Louis Beeker,
9. Father's Occupation Shoemaker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, F Carruthers

Address, 1400 E Balto St

Remarks,

1896000031 94

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required to make such return as aforesaid, then it shall become the duty of the person in charge of such child to report the same, as required by this section, within the period above required, and attendance upon birth to the Commissioner of Health, in the manner provided by this section. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

... name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 75112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* 25 June 1896
4. *Place of Birth, (Street and Number)* 2 Belt Street
5. *Full Name of Mother,* Bettie Williams
6. *Mother's Maiden Name,* Betty Riley
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Edward Williams
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Vaughton Bagley M.D.

Address, 301 E. ... St

Remarks,

Normal

J. C. Dulany & Co., City Printers and Stationers

1896000003195

[336.]

RETURN OF A BIRTH. 75113 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 25 June
4. Place of Birth, (Street and Number) 804 Dameron Court
5. Full Name of Mother, Minnie Davis
6. Mother's Maiden Name, Minnie Wellalein
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry A Davis
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J Dirk Nicholas

Address, 1417 E. Eager St.

Remarks,

8960003196

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of the parents, the date and place of birth, and the name of each child, if any shall have been previously born, to be reported in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case there is no other person in attendance upon the mother, immediately before and after birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall fail to comply with the provisions of this section shall be subjected to the payment of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75114 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd ~~Child~~ Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Bond 25 June
4. Place of Birth, (Street and Number) South Grey 1[illegible] 7
5. Full Name of Mother, Clemtine Baker
6. Mother's Maiden Name, Bell
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Frank Lin E. Baker
9. Father's Occupation, Machinest
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, M. I. Sennamud M.D.

Address, No 1313 west Baltimore St

Remarks, Fine baby

Name Elsey Mary

8960003197

Wm J C. Dulany Co., City Printers and Stationers.

[illegible] the Registrar, duly signed by the practitioner in the form of a certificate hereinafter [illegible] and the third day of each and every month thereafter. The certificate of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the certificate may be signed by the parent or other person having knowledge of the facts. In any such case the mother, immediately thereafter, it shall become the duty of the parent or other person having knowledge of the facts to report the same to the Commissioner of Health, but the number and within the period last aforesaid, and any such person or persons failing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered by law.

RETURN OF A BIRTH. 75113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26th of June 1896
4. Place of Birth, (Street and Number) 1002 W Cross St
5. Full Name of Mother, Norma E Schwartz
6. Mother's Maiden Name, Norma E Tilghtall
7. Mother's Birthplace, Ann Arundel Co Md
8. Full Name of Father, Andrew Schwartz
9. Father's Occupation, Agent
10. Father's Birthplace, Balt Co Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

6960003198

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month of the year, and in case of there being no Practitioner in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 75116 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three 3

1. Sex, (state whether male or female) Colored Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 26th
4. Place of Birth, (Street and Number) Wash & St
5. Full Name of Mother, Mrs Louisa Ward
6. Mother's Maiden Name, Louisa Wells
7. Mother's Birthplace, Howard Co Maryland
8. Full Name of Father, Nathina Ward
9. Father's Occupation, Laborer
10. Father's Birthplace, Essex Co Virginia

Name of Medical Attendant, or other person who makes this Return. Mary E Holland Midwife

Address, 813 W Lube St

Remarks, Child and mother are doing Well.

1896 00031 99

Sec. 4, C. BALNEY & SON, CITY PRINTERS AND STATIONERS

Sec. 4. Be it further enacted, That the full name of each child, if any shall have been given it, the sex, color, the full name and occupation of its parents, the date and place of birth, and the residence at the time of birth, of the parents, shall be entered in the record of births, and said schedule shall be delivered, duly signed by the attendant, or by the parent or parents, if there was no attendance upon the mother, immediately thereafter, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and to furnish all the facts required to be reported in relation to such birth, as in this act provided. Any person or persons who shall wilfully refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[1236]

RETURN OF A BIRTH. 75117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Leonard Anuszewski

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 26 1896
4. Place of Birth, (Street and Number) No 2616 Hudson St.
5. Full Name of Mother, Franziska (Anuszewska Heinrich) Chojnacka
6. Mother's Maiden Name, Anuszewska
7. Mother's Birthplace, Germany
8. Full Name of Father, Josef (Joachim) Anuszewski
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Maria Baigier

Address, No 2613 Fait Av.

Remarks,

6960 03200

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person having charge of a child to whom a name shall be given, shall cause the same to be recorded, together with the full name of such child, if any, and the name, color, and occupation of its parents, the time and place of birth, and the number of children born to the mother, including the last born, and whether the child was born alive or dead, and if dead, whether it was still-born or died after birth, and if born alive, whether it died before or after the return of birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the father, and in case of his absence, the mother of such child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-29-56 75118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

Anna Antonia Tiermann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 26, 96
4. Place of Birth, (Street and Number) 1618 Baltimore St
5. Full Name of Mother, Anna Tiermann
6. Mother's Maiden Name, Liebel
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Tiermann
9. Father's Occupation Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Germany

Address, 1600 Walker St

Remarks,

8960003201

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed, by the parent, or the physician or practitioner in the case of his absence, or the person in charge of such case, within ten days after the birth; and the said schedule shall be delivered, duly signed by the parent, or the physician or practitioner in the case of his absence, or the person in charge of such case, within ten days after the third day of each and every month to the office of the Commissioner of Health, the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge of any child attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 75119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 26th of June 1913
4. Place of Birth, (Street and Number) Baltimore Peach Alley
5. Full Name of Mother, Mary E Decker.
6. Mother's Maiden Name, Mary E Spencer.
7. Mother's Birthplace, East Port Maine
8. Full Name of Father, William Decker.
9. Father's Occupation, Driver.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Annie M Davis.

Address, 914 Peach Alley.

Remarks,

S 9 6 U 0 3 2 0 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner in the form of a certificate between the first and third day of each and every calendar month, and no burial or removal of any dead body shall occur without the attendance of a physician or practitioner of healing, or a certificate from such physician or practitioner, stating the time, cause and place of death, as required by the Commissioner of Health. In case the birth of any child shall not be reported as above required, the Commissioner of Health, or any person or persons duly appointed by him to act in his stead, shall become the duty of the person or persons in charge of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten [10] dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday June 27/96
4. Place of Birth, (Street and Number) 1614 S. Carrollton Ave City
5. Full Name of Mother, Annie Tresa Reamy
6. Mother's Maiden Name, Annie Tresa Kinsella
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Robert Burns Reamy
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address,

Remarks.

8960003203

Wm. J. C. Dulany Co., City Printers and Stationers.

This return is to state sex, color, the full name and occupation of the parents, the street and number of each child, (if any shall have been born), and every other particular required by the Commissioner of Health. And the third day of each and every month, the Practitioner in the form of a certificate hereto annexed, duly signed by the Practitioner in the form of a certificate hereto annexed, duly signed by the Practitioner, shall deliver to the Registrar of Vital Statistics, a return of every birth which shall occur without the attendance of a physician or midwife, and within the period last aforesaid. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of any other person who shall be in charge of such child, or of the parents, or either of them, or of the nurse or other person in attendance upon the mother, immediately thereafter it shall become the duty of any other person to be in charge of such child, or of the parents, or either of them, or of the nurse or other person in attendance upon the mother, to comply with the provisions of this section, and in any such person or persons neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

75121 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 27th

4. Place of Birth, (Street and Number) 1328 Eager St.

5. Full Name of Mother, Maggie C. Whitby

6. Mother's Maiden Name, Maggie C. Murphy

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry Lee Whitby

9. Father's Occupation Engineman

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wm. H. Pearce

Address, 1231 Eutaw Place

Remarks,

+ 8960003204

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 75122 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 27 June 1876
4. *Place of Birth, (Street and Number)* 1328 Calhoun St.
5. *Full Name of Mother,* Dasie Rebeccar Johnson
6. *Mother's Maiden Name,* Dasie Rebeccar Herbert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lawrence M Johnson
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Essex Co Virginia.

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 Whatcoat St

Remarks, Perfect

| 8 9 6 0 0 0 3 2 0 5 |

Wm. T. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Practitioner, it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75123 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 June 1896
4. Place of Birth, (Street and Number) 1612 Shakespear Str.
5. Full Name of Mother, Waleria Nowolenska
6. Mother's Maiden Name, ~~Johanskie~~
7. Mother's Birthplace, Pole
8. Full Name of Father, John Nowalenskij
9. Father's Occupation, Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return,

Address, 828 S Bond Str

Remarks, Mary Brett

1896 00 03206

Wm. J. C. Dulany Co., City Printers and Stationers

Physicians and midwives are required to report the name, sex, color, date and place of birth, and the name, residence and occupation of the parents, the date and place of birth and the family of each and every child delivered, duly signed by the practitioner in the form of this certificate between the first and tenth day of each month to the office of the Commissioner of Health, for each birth attended between the first and last days of the month next preceding; and in like manner and with like particulars shall report all births occurring without attendance upon the mother, of which he shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June th 28. 1896.
4. Place of Birth, (Street and Number) 2216. Jefferson st.
5. Full Name of Mother, Fransciz Lukaovsky.
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemaje.
8. Full Name of Father, Andrue Lukaovsky.
9. Father's Occupation Taylor
10. Father's Birthplace, Bohemaine.

Name of Medical Attendant, or other person who makes this Return, Mary Koptisk

Address, 705 N Washington st,

Remarks,

8960003207

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife shall be delivered, daily signed by the practitioner in the form, the date and place of birth; and the midwife shall report each and every month to the office of the Commissioner of Health. In case the birth of the first child shall occur without the attendance of a midwife or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than fifty (50) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] said schedule shall [illegible] the full name and occupation of its parents, the date and place of birth; and the [illegible] child, (if any) shall have [illegible] be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 28
4. *Place of Birth, (Street and Number)* 1541 Retreat St
5. *Full Name of Mother,* Vernie Velker
6. *Mother's Maiden Name,* Christ
7. *Mother's Birthplace,* Washiton
8. *Full Name of Father,* Frederick J Velker
9. *Father's Occupation* Gripman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960003208

RETURN OF A BIRTH 75726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race)
3. Date of Birth, June 28. 1896
4. Place of Birth, (Street and Number) 1007 Harlem ave
5. Full Name of Mother, Grace Meyers
6. Mother's Maiden Name, Grace McKay
7. Mother's Birthplace, New York
8. Full Name of Father, Joseph Meyers
9. Father's Occupation, Merchant Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Thos. Latimer M.D.

Address, 211 W. Monument

Remarks, No anesthetic. No trouble.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the person in charge of the house in which the birth occurred, within the first and third days of each month to the office of the Commissioner of Health, or should no other person be in charge of such house, then such certificate shall become the duty of the person in whose house the child was born, immediately after the birth, to report its birth to the Commissioner of Health, in the manner and with the particulars required, and attendance upon the mother, immediately after the birth, to report its birth to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1896 C 03209

ENG. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 75127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28. 1896
4. Place of Birth, (Street and Number) St Vincents Infant Asylum
5. Full Name of Mother, Celsie Hudson
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Not known
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. A. L. Davis M. D.

Address, 209 N. Eutaw St.

Remarks,

B 9 6 0 0 3 2 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Any physician, midwife or other person who shall attend upon the birth of any child in the city of Baltimore, and the parent or parents, or other person having charge of such child, shall be required, within the period of ten days after the birth of such child, to report the same and the occupation of its parents, the date and place of birth, and the name and occupation of the practitioner in the form of a certificate between the first and fifth days of each month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of the person to report such birth to the Commissioner of Health, in the manner and within the period above required, and with the same penalty for failure to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76/28 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth. 28 th June

4. Place of Birth, (Street and Number) Baltimore 2134 Pine St.

5. Full Name of Mother, Virginia Elizabeth Smith

6. Mother's Maiden Name, " Schaefer

7. Mother's Birthplace. Baltimore

8. Full Name of Father, Louis Michael Smith

9. Father's Occupation Mechanic

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs John Gill

Address, 2112 Union St Baltimore Md

Remarks.

8960003211

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-31-59

RETURN OF A BIRTH

75129

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel Ella Parr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 28th 1896
4. *Place of Birth, (Street and Number)*	2519 W. North Ave.
5. *Full Name of Mother,*	Ella Parr
6. *Mother's Maiden Name,*	Ella Richard
7. *Mother's Birthplace,*	Howard Co. Md.
8. *Full Name of Father,*	Chas. Meredith Parr
9. *Father's Occupation,*	Letter Carrier
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	J. A. Zepp M. D.
Address,	N. E. Cor. W. North Ave & 9th St.
Remarks,	

1896 0 0 0 3 2 1 2

Each corrected its sex, color, the full name of each child, if any shall have said address with the Commissioner of Health, or shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 75130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. June 28 1896
4. Place of Birth. (Street and Number) 1209 W Lexington St.
5. Full Name of Mother, Gertrude Hofstetter
6. Mother's Maiden Name, Albert
7. Mother's Birthplace. Baltimore City
8. Full Name of Father, Louis Hofstetter
9. Father's Occupation Clerk
10. Father's Birthplace. Balt. City

Name of Medical Attendant, or other person who makes this Return. Marburg Brown M.D.

Address. 1106 McCulloh Street

Remarks,

B 96 U 003213

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4

1. Sex, (*state whether male or female*) Boy
2. Race or Color, (*if not of the white race*) White
3. Date of Birth, June 11. 1876.
4. Place of Birth, (*Street and Number*) 710. Sliners Alley.
5. Full Name of Mother, Marie Kubinek
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemaine
8. Full Name of Father, John Kubinek
9. Father's Occupation Labor
10. Father's Birthplace, Bohemaine

Name of Medical Attendant, or other person who makes this return. Mary Koptsh

Address, 705 N Washington st.

Remarks,

1896000032141

Wm. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner, in the form above given, to the Registrar of Births and Deaths of the district in which the birth occurred, within the first and third days of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or persons so in attendance upon the mother, immediately after the birth, it shall become the duty of the person or persons so required, and shall occur within the district, to report its birth to the Registrar of Births and Deaths of the district in which the birth occurred, within the first and third days of each and every month to the office of the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 75132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth, 6/29/96

4. Place of Birth, (Street and Number) 1119 906 N. Hartingly Ave

5. Full Name of Mother, Maggie Riem

6. Mother's Maiden Name, Beck

7. Mother's Birthplace, Germany

8. Full Name of Father, Gerard Riem

9. Father's Occupation Maid dairy

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Gross.

Address, 1119 1907 E. Monument St.

Remarks, —

1896 0003215

Wm. J. C. Dulany Co., City Printers and Stationers.

1336

RETURN OF A BIRTH. 75133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 6/29/96

4. Place of Birth, (Street and Number) No 215 Durham Str

5. Full Name of Mother, Katie Wimer

6. Mother's Maiden Name, Dusche

7. Mother's Birthplace, Germany

8. Full Name of Father, John Wimer

9. Father's Occupation Butcher meter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross

Address, No 1907 E. Monument Str

Remarks,

4 8 7 6 0 0 0 3 2 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the ... of its parents, the date and place of birth, and the ... of each and every child born within the city of Baltimore, to the ... Commissioner of Health, or such other person as he ... shall occur without the ... of a physician or practitioner of medicine, the duty of the person or parents ... shall occur without the mother, immediately thereafter, ... in the manner and within the period ... attendance upon the birth to the Commissioner of Health, ... shall be subject to a penalty ... for each offence. ... shall fail to comply with the provisions of this section, shall be ... any such person or persons who shall ... shall be recovered as other fines and forfeitures are recoverable. ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75134 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race)
3. Date of Birth, June 29. 96
4. Place of Birth, (Street and Number) 1834 W Fayette St
5. Full Name of Mother, Louise Byers
6. Mother's Maiden Name, " Zentz
7. Mother's Birthplace, Balto
8. Full Name of Father, Franklin L Byers
9. Father's Occupation Clerk
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. J. M. Hundley

Address, 1002 E 1 ave

Remarks.

0 7 6 0 0 3 2 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75135 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) 7
2. Race or Color, (if not of the white race)
3. Date of Birth, June 29. 96
4. Place of Birth, (Street and Number) 712 W Lafayette ave
5. Full Name of Mother, Blanche Hackett
6. Mother's Maiden Name, " Cropp
7. Mother's Birthplace, Md
8. Full Name of Father, Leonard F. Hackett
9. Father's Occupation Clerk
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. W. Hundley

Address, 1002 Ed ave

Remarks,

B 9 6 0 0 0 3 2 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

aww

RETURN OF A BIRTH. 75136 D

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, Edward O'Laughlin 3d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~3d~~

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29th - 1896
4. Place of Birth, (Street and Number) Balto City 616 Balto st
5. Full Name of Mother, Agnes (~~Hyde~~) O'Laughlin
6. Mother's Maiden Name, ~~Hyde~~ Tyrrell
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Wm Edward O'Laughlin
9. Father's Occupation Clerk
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Mrs Hunter

Address, W O'Laughlin 616 West Baltimore st

Remarks,

1896000003219

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the parents, the date and place of birth, and the name of the child, if any shall have been determined upon, shall be entered in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons shall, on failure to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29 June
4. Place of Birth, (Street and Number) 817 W Webster ally
5. Futt Name of Mother, Ella Merrick
6. Mother's Maiden Name, Ella Fowler
7. Mother's Birthplace, Balto
8. Futt Name of Father, Lewis Merrick
9. Father's Occupation, Shoe maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

8 9 6 U 0 0 3 2 2 0

Wm J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-13-57 EL.

RETURN OF A BIRTH. 75138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wilhelmina ~~Cole~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, Monday June 29th 1896
4. Place of Birth, (Street and Number) 627 Gilbert st Balto W. D.
5. Full Name of Mother, Lizzie Cole
6. Mother's Maiden Name, Lizzie Rooks
7. Mother's Birthplace, Ezek Co. Va.
8. Full Name of Father, Malachi Cole
9. Father's Occupation, Musicioner & Waiter
10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Fannie Jones

Address, 722 Bradley st Balto W. D.

Remarks,

1 8 9 6 0 0 0 3 2 2 1

...ed by the practitioner in charge of the case and place of birth; and the said practitioner shall, within ten days after the birth, fill out a certificate between the first and ...ed, duly signed by the practitioner in charge of the case or midwifery, or should no other person be in ...ttendance upon the mother, then the person or the parents of such ...ccur without the attendance of a physician or midwife, then the duty of the period above required, and ...ance upon the mother, the Commissioner of Health, in the manner and subject to the provisions of this section shall require ...child to report to him the name of such child, and such other facts as he may require, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the penalty of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ED. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 75139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 June
4. *Place of Birth, (Street and Number)* 518 Register Str.
5. *Full Name of Mother,* Mary Daniel
6. *Mother's Maiden Name,* L. Bailey
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Thomas Daniel
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return,

Address, 838 S. Bond Str.

Remarks, Mary Brett

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 6 0 0 0 3 2 2 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then the parent or parents of such child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such parent or person who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336]

RETURN OF A BIRTH. 75140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30 1896
4. Place of Birth, (Street and Number) 1023 Fremont Street
5. Full Name of Mother, Ina Pippig
6. Mother's Maiden Name, Ina Bartholomay
7. Mother's Birthplace, Germany
8. Full Name of Father, August Pippig
9. Father's Occupation Tailor
10. Father's Birthplace. Germany

Name of Medical Attendant, or other person who makes this Return, Geo W Tobin M D

Address, the Johns Hopkins Hospital

Remarks,

1896 003223

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed and sworn to by the practitioner in the form of its certificate. In case the birth of any child shall occur without the attendance of a physician or Practical Midwife, it shall become the duty of the person above required, and in case of his neglect or refusal, then of the father or mother of such child, or in case of the death or absence from the city of both father and mother, immediately thereafter, in the manner and within the time required by this section, to report the birth to the Commissioner of Health, and any such person who shall fail to comply with the requirements of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1286.]

RETURN OF A BIRTH. 75141 D

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30 1896.
4. Place of Birth, (Street and Number) Res 12 S. Chester st.
5. Full Name of Mother, Annie Olivia Fidler.
6. Mother's Maiden Name, Olivia Lapp.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Wm Fidler
9. Father's Occupation Clerk.
10. Father's Birthplace, Canada.

Name of Medical Attendant, or other person who makes this Return. Amy A. Elsewell M.D.

Address, 1741 Harford ave.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960003224

Said schedule shall be delivered, duly signed by the attendant, to the parent, guardian or other person having the custody of such child, within ten days after the birth of such child, and in case there shall be no attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the mother, within the period above required, and any such person so in attendance, to report the birth to the Commissioner of Health, in the manner and form of a certificate between the first and child to report its birth to the Commissioner of Health, in the manner and form of a certificate between the first and third days of each month, to the Commissioner of Health. In case the birth of any child shall not be reported as above required, the physician, midwife, or other person in attendance upon the mother, immediately thereafter, shall become liable for a penalty of ten dollars, and any such person so in attendance, who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75142 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 30th 1896
4. *Place of Birth, (Street and Number)*	No 115 Bloomberg street
5. *Full Name of Mother,*	Cathrine Wengert
6. *Mother's Maiden Name,*	Cathrine Blumlier
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Fredrick Wengert
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Cathrine Hornung
Address,	No 15-17 Byrd Street.
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, or shall be in the possession of the undertaker at the time of the interment, and shall be delivered to the Registrar of Vital Statistics, in the manner and with the provisions of this section within one month thereafter. If a physician or midwife in attendance at a birth shall fail to comply with the provisions of this section, he shall forfeit and pay such person or persons who shall sue for the same, to be recovered as other fines and forfeitures are recoverable. Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896 0003225

RETURN OF A BIRTH. 75143 A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 30/96
4. *Place of Birth, (Street and Number)*	911 Leadenhal st
5. *Full Name of Mother,*	Mollie Schelhaus
6. *Mother's Maiden Name,*	Mollie Cromer
7. *Mother's Birthplace.*	Balto City
8. *Full Name of Father,*	Frederick Schelhaus
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	E. Mickey M.D.
Address,	411 S. Sharp st
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

8960003226

The law requires the name and occupation of the parents, the date and place of birth of each child, (if any shall have been born alive since the last return,) to be returned to the Registrar of Vital Statistics, by the attendant upon the mother, if there be one, or if there be more than one, by the one who shall be in charge of the case; and if there be no attendant, then by the mother, if able; and if not able, then by the father, or by the householder of the house in which the birth occurs, or by the owner of such house, or by the agent of such owner, or by the manager of any institution in which the birth occurs. Every such return shall be delivered, duly signed by the person making the same, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75144 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 3d June 94

4. Place of Birth, (Street and Number) 127 N. Wicker St.

5. Full Name of Mother, Emma Meier

6. Mother's Maiden Name, Steinmann

7. Mother's Birthplace, Germany

8. Full Name of Father, Fred. Meier

9. Father's Occupation Clerk

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, D. H. Heldmann M.D.

Address, 282 E. Pearl St. Baltimore

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

8 V 6 U 0 3 2 2 7

RETURN OF A BIRTH. 75145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30. 1896.
4. Place of Birth, (Street and Number) 144 N Durham st.
5. Full Name of Mother, Annie Albovasky.
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemaine
8. Full Name of Father, Adam Albovasky
9. Father's Occupation Taylor.
10. Father's Birthplace, Bohemaine

Name of Medical Attendant, or other person who makes this Return, Mary Koplish

Address, 205 N Washington st.

Remarks.

1896 00 03228

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in charge, to the proper Local Registrar of Births, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required to make return of such birth hereafter, it shall become the duty of the person in whose house or premises such child was born, to report the same, with the particulars required, and within the period above required, and attendance upon the same, to the Commissioner of Health, in the ways provided by the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 7514

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	June 22 96
4. *Place of Birth, (Street and Number)*	1336 Pennsylvania Ave
5. *Full Name of Mother*	Elsie Conner
6. *Mother's Maiden Name*	" "
7. *Mother's Birthplace*	City
8. *Full Name of Father*	Unknown
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	Wm. Lewis MD
Address	1213 Patterson Ave
Remarks	Illegitimate birth

B 2 6 0 0 0 5 2 2 9

Thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 75147

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Y

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	June 27 1896
4. *Place of Birth, (Street and Number)*	1364 Cam St
5. *Full Name of Mother*	Bertha Buschman
6. *Mother's Maiden Name*	" Bertram
7. *Mother's Birthplace*	City
8. *Full Name of Father*	Wm A. Buschman
9. *Father's Occupation*	Machine, Pen.
10. *Father's Birthplace*	City
Name of Medical Attendant, or other Person who makes this Return.	C M. Davis M.D.
Address	1213 Patterson ave
Remarks	

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1896 003239

GIVEN NAME ADDED 2-13-56

RETURN OF A BIRTH, 75148

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Dona Marie Green

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female)	F.
2. Race or Color, (if not of the white race)	White
3. Date of Birth	June 28 1896
4. Place of Birth, (Street and Number)	2003 Richmond av
5. Full Name of Mother	Mary Green
6. Mother's Maiden Name	Michael
7. Mother's Birthplace	Maryland
8. Full Name of Father	Henry Green
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	W.M Lewis
Address	1213 Patterson av
Remarks	

5 7 8 0 9 0 3 2 3 1

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

SAFETY FILM KODAK

x 1336]

RETURN OF A BIRTH. 75149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1/96
4. Place of Birth, (Street and Number) 2104 W. Pratt St.
5. Full Name of Mother, Katie Schmale
6. Mother's Maiden Name, " Kurtz
7. Mother's Birthplace, Germany
8. Full Name of Father, William Schmale
9. Father's Occupation Mashinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address. 1200 S. Sharp St.

Remarks,

[illegible] can be ascertained the full name of each child, (if any shall have [illegible] his or her care during the
[illegible] concerned) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1 8 9 6 U 0 0 3 2 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[1336]

RETURN OF A BIRTH. 75150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 1896
4. Place of Birth, (Street and Number) 1224 N. Port St.
5. Full Name of Mother, Katie Wagner
6. Mother's Maiden Name, Amrhein
7. Mother's Birthplace, Balto.
8. Full Name of Father, Michael Wagner
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1200 E. Lanvale St.

Remarks.

0 7 6 0 0 0 3 2 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...been confirmed; the sex, color, the date and place of birth; and the full name of each child, if any shall have been born before the birth to be ascertained; the full name of each child, if any shall have been born before the birth to be ascertained; the full name and occupation of its parents, the date and place of birth; and the full name, sex, color, and number of children, if any, of each marriage, to be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should become the duty of the person or parents of such child to report it, the mother, immediately after she shall become able to report, and in the absence of attendance upon the mother, the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 2d 1896
4. Place of Birth, (Street and Number) 1128 Low St.
5. Full Name of Mother, Rachel Rubin
6. Mother's Maiden Name, Rachel Listman
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Rubin
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finkelstein

Address, 27 Lloyd St

Remarks,

8960 03234

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, That hereafter it shall be the duty of the parent or parents, guardian or other person having the control of any child born in the City of Baltimore, to cause the full name of each child, (if any shall have been given,) the sex, color, the full name and occupation of its parents, the date and place of birth, and the maiden name of the mother, to be registered, duly signed by the practitioner in the form of a certificate to be delivered to such parent or guardian by the Commissioner of Health, within ten days after the birth of such child. And it shall be the duty of each and every midwife who shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, the midwife shall report the birth to the Commissioner of Health, in the manner and within the period above required, and such midwife shall be entitled to receive from the person or persons who shall hereafter fail to comply with the provisions of this section the sum of one dollar, to be collected as other fines and forfeitures are recoverable. Sec. 2. Be it further ordained, That any person or persons who shall hereafter fail to comply with the provisions of this ordinance shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 2nd 1896
4. *Place of Birth, (Street and Number)*	808 Catherine St
5. *Full Name of Mother,*	Alice V Lowman
6. *Mother's Maiden Name,*	" Zeigler
7. *Mother's Birthplace.*	York Pa.
8. *Full Name of Father.*	B F. Lowman
9. *Father's Occupation*	Motor-man
10. *Father's Birthplace.*	Balto
Name of Medical Attendant, or other person who makes this Return.	Wm H Fredeman
Address,	102 Chestnut Ave
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

8960003235

Said schedule shall be delivered. And it shall be the duty of the Commissioner of Health to prepare and furnish to the several midwives and physicians in the city, blank forms of said schedule, in the form of a certificate between the first and third days of each month, to be filled out by them and returned to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and shall be the duty of such mother, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF

To the Office of Registrar of Vital Statistics

A75153

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	June 2nd 96
4. *Place of Birth, (Street and Number)*	232 Roland Ave
5. *Full Name of Mother,*	Emma L Johnson
6. *Mother's Maiden Name,*	" C. Williams
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Basil A Johnson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Thos F Feldmann
Address.	102 Chestnut Ave
Remarks.	

Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

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A75154

RETURN OF A BIRTH. 7515

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Mother, (state whether 1st, 2d, 3d, &c.) VII

whether male or female) Girl

(if not of the white race) White

June 2/96

Number) 1105 Fairmount Ave.

Francis Jacob

Schaefer

Balto.

Joseph Jacob

Cooper

Balto.

ant, or other person who makes this Return. Mrs. Deisenhofer

1201 E. Pratt

A75155

RETURN OF

To the Office of Registrar of Vital Statistics, Bos

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3/96
4. Place of Birth, (Street and Number) 2500 Canton Ave
5. Full Name of Mother, Katie Dittmar
6. Mother's Maiden Name, Schaberle
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Dittmar
9. Father's Occupation Grocer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Miss. Beiser

Address, 1200 E. Pleas

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the nurse or other person having charge of the case to report the birth to the Commissioner of Health, in the manner and within the period above required, and such person neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., C

1896 000 238

RETURN OF A BIRTH. 75156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Fem
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 4th 96
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Matilda Madden
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H Tilley M D

Address, 622 W Lombard St.

Remarks,

1 6 9 6 0 0 0 3 2 3 9

Wm J. C. Dulany Co., City Printers and Stationers.

Every child born alive in the City of Baltimore shall be registered, and the name and occupation of its parents, the date and place of birth of each child, if any shall have been previously born to the mother, and the name of each child, if any shall have died, the date and place of death, and the cause thereof, shall be certified to the Commissioner of Health within the first and third days of each month by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, and any such physician, practitioner, person or parent who shall fail to comply with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5, 1896
4. *Place of Birth, (Street and Number)* 1708 E. Lombard St
5. *Full Name of Mother,* Rebecca Shair
6. *Mother's Maiden Name,* Rebecca Baker
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Morries Shair
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finsberg

Address, 27 Lloyd St.

Remarks,

1896 07240

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate hereinafter prescribed, and shall contain the full name and occupation of the parents, the place of birth, and the full name of such child, if it shall have been named. The certificate herein required shall be delivered to the person registering the birth, and shall be a sufficient authority for the registration thereof. In case the birth of any child shall occur without the attendance of a Practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the first offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race)
3. Date of Birth, 5th June 1894.
4. Place of Birth, (Street and Number) 1924 Eutaw Street.
5. Full Name of Mother, Elise Stolzle.
6. Mother's Maiden Name, Fischer
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Stolzle
9. Father's Occupation Grocer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Silverman

Address, 2222 Ellis Ave

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8760803241

shall be delivered, duly signed by the medical attendant, or the midwife, or the father, mother, or householder of the premises in which any child shall have been born, or by the person in charge of any institution to which any child shall be brought for nursing, or in which any child shall be born, stating the name and place of birth, and the sex and color of such child, and the name, residence, and occupation of the parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health, a certificate between the first and fifteenth days of each month, stating the number of births of any child which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person have attended such birth, the Commissioner of Health shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and in case of neglect of such person or persons for the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 5th 1895

4. Place of Birth, (Street and Number) 244 Harlem Ave. Woodberry

5. Full Name of Mother, Rosella L. Belchner

6. Mother's Maiden Name, Rosella L. McCarthy

7. Mother's Birthplace, Balt. Co. Md.

8. Full Name of Father, Andrew Belchner

9. Father's Occupation Moulder

10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 431 Roland Ave. Hampden

Remarks,

8960003242

Wm. J. C. Dulany Co., City Printers and Stationers.

Every child shall be delivered, duly signed by the attendant, with the occupation of its parents, the date and place of birth; and the attendant shall, within the first ten days of each and every month, deliver to the Commissioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner, a full and correct return of births which shall occur without the attendance of a physician or practioner of midwifery, or in case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or in case the parents of such child request it, the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th and 6th

1. *Sex, (state whether male or female)* Both Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 5th 1896
4. *Place of Birth, (Street and Number)* 413 Third Ave. Hampden
5. *Full Name of Mother,* Mary Arabella Mason
6. *Mother's Maiden Name,* Mary Arabella Snyder
7. *Mother's Birthplace,* Carroll Co. Md
8. *Full Name of Father,* Lloyd Wm. Mason
9. *Father's Occupation* Employee in Druid Hill Park
10. *Father's Birthplace,* Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower M. D.

Address, 421 Roland Ave. Hampden

Remarks, The second child was still born from strangulation of cord.

1896U003243

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6th June
4. *Place of Birth, (Street and Number)* 1113 Rayburn street
5. *Full Name of Mother,* Nina Hartscher.
6. *Mother's Maiden Name,* Mirkind
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Joseph Hartscher
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs P. Liebermann.

Address, 2227 Hare st.

Remarks,

[illegible] shall have [illegible] by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1 8 9 6 0 6 0 7 2 4 4

[illegible] Printi[illegible]d Stationers.

GIVEN NAME ADDED 3-29-66

RETURN OF A BIRTH. 75162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: MARGARET

No. of Child of Mother, (state 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) C
3. Date of Birth, 6th June 19
4. Place of Birth, (Street and Number) 1293 Hare Street.
5. Full Name of Mother, Elise Karwatke.
6. Mother's Maiden Name, Ostrzeschat.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Max Karwatski
9. Father's Occupation Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs P Leeseman.

Address, 2223 Elliott

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 6 0 0 0 3 2 4 5

Every birth shall be delivered, duly signed by the practitioner in attendance, or midwife, or householder of the premises, or the parents of such child, to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth shall occur, without charge; and every month to the Commissioner of Health, a certificate between the first and third day of each month of every birth which shall occur within the limits of his district during the preceding month, in attendance upon the mother, immediately preceding the birth of such child, and in case there is no such practitioner or midwife, or should no other person be in attendance upon the mother, immediately preceding the birth of such child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] 1336]

RETURN OF A BIRTH. 75163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6/96
4. Place of Birth, (Street and Number) 1810 Franklin Ste.
5. Full Name of Mother, Annie Ainsworth
6. Mother's Maiden Name, " Booth
7. Mother's Birthplace, England
8. Full Name of Father, Harry Ainsworth
9. Father's Occupation Clerk
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Wm. Eisenhofer

Address, 1204 E. Pleasant St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960003246

[illegible] con erred, its sex, color, the full name can be ascertained, the full name of each child, if any shall be said schedule shall be delivered duly signed by the [illegible] third day of each and every month to the office of the Commissioner of Health. Any [illegible] attendance upon [illegible] child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 7 1896
4. *Place of Birth, (Street and Number)* 539 E. Fort Ave
5. *Full Name of Mother,* Mary E. Snyder
6. *Mother's Maiden Name,* " " Brandt
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Ferdinand N. Snyder
9. *Father's Occupation* Mould Maker
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Robt C. O. Schiedt M.D.

Address, 1418 Riverside Av

Remarks,

Health. This schedule shall [illegible] enter the same on blank schedule, [illegible] place, shall keep a true and correct [illegible] month, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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No. 1336

RETURN OF A BIRTH. 75165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7/96
4. *Place of Birth, (Street and Number)* 2230 Jefferson Ave.
5. *Full Name of Mother,* Katie Krebs
6. *Mother's Maiden Name,* Hauser
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Louis Krebs
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dienhofer

Address, 1204 S. Clark St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

0 9 6 0 0 0 3 2 4 8

said schedule shall be delivered, duly signed by the practitioner in charge of the case, or by the father or mother of such child if no such practitioner was in attendance, to the Registrar of Vital Statistics within ten days after the birth of such child, and every such practitioner in charge of the case, or father or mother of such child, who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 & Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 June 1896
4. Place of Birth, (Street and Number) 1950 Butler ave
5. Full Name of Mother, Maggie Becker
6. Mother's Maiden Name, Falk
7. Mother's Birthplace, Balto
8. Full Name of Father, Theodore Becker
9. Father's Occupation Tailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm H Brooks

Address, 1528 Eagle Ave

Remarks, Living Well

said schedule shall be delivered, duly signed by the medical attendant or other person who shall have attended upon such birth, or by the undertaker who shall have buried such child, or by the occupier of the house in which such birth shall have taken place, within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 75167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	III
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 8/96
4. *Place of Birth, (Street and Number)*	1211 Bank St.
5. *Full Name of Mother,*	Sarah Bank
6. *Mother's Maiden Name,*	" Hodges
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	William Bank
9. *Father's Occupation*	Ingineur
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Eisenbeis
Address,	1200 E. Pleasant
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

1896 0003250

said Collector of the sex, color, the full name and occupation of the parents, the date and place of birth of the child, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Collector of the district in which the same may occur within ten days thereafter, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Fem
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 8th 96
4. Place of Birth, (Street and Number) 622 W Lombard st.
5. Full Name of Mother,
6. ~~Mother's~~ Maiden Name, Georgia Holmes
7. Mother's Birthplace.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return. H Tilley M. D.

Address, 622 W Lombard st

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

6466003251

Any resident shall be delivered, duly signed by the practitioner in the case, or the undertaker employed by the family, a certificate of birth; and no interment or removal of a dead body shall occur without the attendance of a duly licensed undertaker, who shall receive such certificate before the first and third day of each month to the office of the Commissioner of Health, a certificate between the first and third day of each month to the office of the Commissioner of Health, a certificate of the birth of any child which may have been born dead or which may have died before the same shall be registered. Any midwife, or other person who shall attend upon the mother, immediately thereafter, as midwife, or attend to the birth of any child shall deliver to the parent or person having charge of the child a certificate of birth, and shall, within the first three days of each month, report all births attended by her during the preceding month to the office of the Commissioner of Health. In the manner and under the penalties required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8, 1896
4. *Place of Birth, (Street and Number)* 1406 E. Lombard St
5. *Full Name of Mother,* Ester Goldman
6. *Mother's Maiden Name,* Ester Berman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Herman Goldman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finsberg

Address, 27 Lloyd St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

6 9 6 0 0 0 3 2 5 2

...shall be delivered, duly signed by the attendant, to the Registrar of Vital Statistics, within the third day of each and every month to the office of the Commissioner in the form of a certificate for each child attended upon by the attendant respectively during the month next preceding; and the attendance upon the mother and child shall be considered as ceasing with the birth of the child unless called thereafter. It shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5 1886
4. Place of Birth, (Street and Number) 25 Washington Ct- Homewood annex
5. Full Name of Mother, Rosie Lambright
6. Mother's Maiden Name, Bentley
7. Mother's Birthplace, Md
8. Full Name of Father, John Lambright
9. Father's Occupation Labor
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Wm. Watters M.D.

Address. 237 Baldwin Avenue

Remarks.

8960803253

Wm. J. C. Dulany Co., City Printers and Stationers.

...certificate shall be delivered duly signed and occupation of the parents, the date and place of birth, and the name, sex and color of each child, if any, shall have been added, to the Registrar of Vital Statistics, Board of Health, at the office in the City Hall, within the third day of each and every month after the birth of any child, and every month thereafter, the Registrar shall cause to be published a list of the births which shall occur without the attendance of a physician or practitioner of midwifery, and in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, and no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or other person in charge of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 17
4. Place of Birth, (Street and Number) 840 S. Eutaw
5. Full Name of Mother, Quintina Credit
6. Mother's Maiden Name, Quintina Chappell
7. Mother's Birthplace, Va
8. Full Name of Father, John A. Credit
9. Father's Occupation, Drayman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Hannah Hatchett

Address, 609 Campbell St.

Remarks,

[illegible] entered, duly signed by the practitioner [illegible] of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 75172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8 96
4. *Place of Birth, (Street and Number)* 24 S. Washington Str.
5. *Full Name of Mother,* Elizabeth Mueller
6. *Mother's Maiden Name,* " Herman
7. *Mother's Birthplace,* Balto. M
8. *Full Name of Father,* Adam Mueller
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Diesenbofer

Address, 1201 S. Shark Str.

Remarks,

sent con pared by sex, color, the full name and occupation of his parents, the date and place of birth of each child (if any shall have said schedule shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month, and the certificate shall specify the day and hour of birth of each child born since the shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the parents of such child to report the same to the Commissioner of Health, in the manner and within the period above prescribed; and after due notice to any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 75173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9, 96
4. Place of Birth, (Street and Number) 2541 Fairmount Ave.
5. Full Name of Mother, Catherine Brockmerten
6. Mother's Maiden Name, " Bonnette
7. Mother's Birthplace, Balto.
8. Full Name of Father, Horace Brockmerten
9. Father's Occupation Clerk
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs. Eisenhofer

Address, 1201 S. Sharp St.

Remarks,

been conferred) its sex, color, the name can be ascertained, the full name of each child (if more than one) born to her at one birth, the names and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health. It shall have been conferred) its sex, color the name can be ascertained the full name of each child (if more than one) born to her at one birth the names and occupation of its parents the date and place of birth and such other information as may be required by the Commissioner of Health. It shall have said schedule shall be delivered duly filled out by the attendant at the office of the Commissioner of Health, on or before the first and third day of each and every month to the office of the Commissioner of Health, on or before the first and third day of each and every month to the office of the Clerk of the City Register. In case the birth of any child occurs without the attendance of a physician or practicer of midwifery, it shall be the duty of the person or other person be in attendance upon the mother immediately thereafter, if it shall become the duty of the person or other person be in attendance upon the mother immediately thereafter, if it shall become the duty of the person or other person to report its birth to the Commissioner of Health, on or before the first and third day of each and every month to report its birth to the Commissioner of Health, on or before the first and third day of each and every month to the office of the Clerk of the City Register. In case the birth of any child occurs without the attendance of a physician or practicer of midwifery, it shall be the duty of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

5960003256

CERTIFICATE OF A CHILD

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

75174

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9/96
4. Place of Birth, (Street and Number) 748 S. Washington St.
5. Full Name of Mother, Maggie Trautfelder
6. Mother's Maiden Name, a Herzing
7. Mother's Birthplace, Balto.
8. Full Name of Father, Thomas Trautfelder
9. Father's Occupation Fireman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Lissa. Deisenhofer

Address, 1200 S. Sharp St.

Remarks,

1896U003257

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 78178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 June 1886
4. Place of Birth, (Street and Number) 813 E. Fayette St.
5. Full Name of Mother, Rosie Goldstein
6. Mother's Maiden Name, Lipman
7. Mother's Birthplace, Russia
8. Full Name of Father, Benjamin Goldstein
9. Father's Occupation Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant or other person who makes this Return. S. Eberman
Address, 42 Edmondson Ave
Remarks,

18960003258

HR-RM 28
(2-1-54)
Hall of Records Commission

J. C. Dulany Co., City Printers

RETURN OF A BIRTH. 75176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th January 89
4. *Place of Birth, (Street and Number)* 14 E Eager St
5. *Full Name of Mother,* Ida Fassbender
6. *Mother's Maiden Name,* Metz
7. *Mother's Birthplace,* Prussia Germany
8. *Full Name of Father,* Joseph Fassbender
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return, C Abercrombie

Address, 72 Monument E

Remarks,

| 8960003259

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 75177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20 1896
4. *Place of Birth, (Street and Number)* 107 Carroll Ave
5. *Full Name of Mother,* Mary E. Hearl
6. *Mother's Maiden Name,* Bowersox
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Charles E. Hearl
9. *Father's Occupation* Ice Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr J. B. Hast

Address, 815 Jefferson Ave

Remarks, Waverly

8960003260

Wm. J. C. Dulany Co., City Printers and Stationers.

1350

RETURN OF A BIRTH 75 / 11

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 June 1911
4. *Place of Birth, (Street and Number)* 112 N Eutaw St
5. *Full Name of Mother,* Fanny Levitan
6. *Mother's Maiden Name,* Levitan
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Friedman Levitan
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dr Silverman

Address, 112 E Lexington

Remarks,

8960003261

Wm. J. C. Dulany Co., City Printers and Stationers.

1900

RETURN OF A BIRTH. 78179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 December 1900
4. *Place of Birth, (Street and Number)* 227 E Eager St
5. *Full Name of Mother,* Emma Kaiser
6. *Mother's Maiden Name,* Silberman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Ike Kaiser
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, B Silberman

Address, 227 E Eager St

Remarks,

8960003262

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-

1. Sex, (state whether male or female) Female - Lillian Friedel
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 Sept 1896.
4. Place of Birth, (Street and Number) 24 N Bond St. South
5. Full Name of Mother, Rose Friedel
6. Mother's Maiden Name, Feinsod
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Friedel
9. Father's Occupation Engineer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Emmanuel

Address, [illegible]

Remarks, Full name of child added by mother.

Rose Friedel mother 0 0 3 2 6 3 [illegible] 28-1133.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 75180½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June third (96)
4. Place of Birth, (Street and Number) 620 Chapel st
5. Full Name of Mother, Laura Carson
6. Mother's Maiden Name, " Murray
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Curtis Carson
9. Father's Occupation, Lumbard yard
10. Father's Birthplace, Tenesee

Name of Medical Attendant, or other person who makes this Return. Maria Forrest

Address, 1928 Chase St

Remarks,

1896 0003264

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE AMENDED 1-28-66

RETURN OF A BIRTH. 75181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. Apollonia Elizabeth Parr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4th 96.
4. Place of Birth, (Street and Number) 2006 E. Lombard st.
5. Full Name of Mother, Mamie A. Parr
6. Mother's Maiden Name, Mamie A. Schoenig
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Andrew J. Parr
9. Father's Occupation Insurance Agt
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Charles H. A Meyer M.D

Address, 1019 N. Caroline st.

Remarks,

8960003265

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-3-57

RETURN OF A BIRTH. 75182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Ellen Aurslet

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5th 1896
4. Place of Birth, (Street and Number) 433 23rd St.
5. Full Name of Mother, Anna R. Aurslet
6. Mother's Maiden Name, Wright
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. S. Aurslet
9. Father's Occupation Conductor
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Earle

Address, 513 Jefferson Ave

Remarks, Twin

8960003266

said schedule shall be delivered, duly signed by the practitioner in the form of certificate hereinbefore prescribed, to the officer of the Board of Health in the district in which the birth of such child shall occur, within ten days after the birth of each and every child; and every midwife, or other person who shall officiate in the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, the same as hereinbefore required of the midwife; and any such person or parents who shall wilfully fail to comply with the provisions of this section shall be subjected to the same penalty, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6th 96.
4. Place of Birth, (Street and Number) 2318 Boston st.
5. Full Name of Mother, Mary B. Miller
6. Mother's Maiden Name, Mary B. Meyer
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Emilius Miller
9. Father's Occupation Harness Maker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Charles H. A Meyer M. D.

Address, 1019 N. Caroline st.

Remarks,

1896000032 67

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6 — 1896
4. Place of Birth, (Street and Number) 40 Valley St Waverly
5. Full Name of Mother, Annie E. Blucher
6. Mother's Maiden Name, " Gosnell
7. Mother's Birthplace, Baltimore Co Md.
8. Full Name of Father, Edwin E. Blucher
9. Father's Occupation Inspector of Gass Meters
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, 811 Jefferson Ave Waverly

Remarks,

8460003268

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75/185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7– 1896
4. Place of Birth, (Street and Number) 218 Old York road
5. Full Name of Mother, Nellie Cross
6. Mother's Maiden Name, " Stricker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joshua Cross
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, 311 Jefferson Ave Waverly

Remarks,

+ 8 9 6 0 0 0 3 2 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75/86

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7-1886
4. Place of Birth, (Street and Number) 617 Madison St Waverly
5. Full Name of Mother, Mary E. Taylor
6. Mother's Maiden Name, " " Graham
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William H. Taylor
9. Father's Occupation Brick layer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M D

Address, 811 Jefferson Ave Waverly

Remarks,

8 9 6 0 0 0 3 2 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

1330

RETURN OF A BIRTH. 75787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 June 1893
4. Place of Birth, (Street and Number) 222 S. Eden St.
5. Full Name of Mother, Rose Bloch
6. Mother's Maiden Name, Bloch
7. Mother's Birthplace, Russia
8. Full Name of Father, Leizer Bloch
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, J. Schweizer

Address, 2 William Street

Remarks,

8960003271

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Registrar of Vital Statistics, as soon as practicable thereafter; and any person or parent who shall refuse or neglect for ten (10) days to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75788

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9 1896
4. Place of Birth, (Street and Number) 415 Allegheny ave
5. Full Name of Mother, Annie M Sunderland
6. Mother's Maiden Name, Geyer
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, John C Sunderland
9. Father's Occupation Moulder
10. Father's Birthplace, Baltimore county

Name of Medical Attendant, or other person who makes this Return

Address, Martha E Price 545 Fitchow ave Hampden city

Remarks,

8960003272

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 9 1896
4. *Place of Birth, (Street and Number)*	9th Hilton Place
5. *Full Name of Mother,*	Mary Kunderman
6. *Mother's Maiden Name,*	Mc Kenrigle
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	August Kunderman deceased
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	Marie E. Kalwitzer M.D.
Address,	735 Mulberry Street
Remarks,	

8960003273

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as to each of the births which have occurred under his or her care during the said month, the full name and occupation of its parents, the date and place of birth, the sex, color and (if been conferred) his sex, color, duly signed by the practitioner in charge of the case. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required, and shall neglect for each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, Commissioner of Health, in the manner and with the like effect as is provided in the case of a physician or midwife, it shall become the duty of the person last required, and shall neglect for each and every month to the office of the Commissioner of Health, in the manner and with the like effect as is provided in the case of a physician or midwife, it shall become the duty of the person last required, and Child to report the same to the Commissioner of Health, in the manner and with the like effect as is provided in the case of a physician or midwife, and the provisions of this section which be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1310

RETURN OF A BIRTH. 75190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner on the day of the birth, then it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 June 5, 90
4. Place of Birth, (Street and Number) 217 S. Paca St
5. Full Name of Mother, Female Constant
6. Mother's Maiden Name, Lindsey
7. Mother's Birthplace, Carolina
8. Full Name of Father, Simon Constant
9. Father's Occupation, Barber
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this return. E. Wurman

Address, 2 Aisquith St

Remarks,

+ 8 9 6 0 0 0 3 2 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 10 1896
4. *Place of Birth, (Street and Number)* 1093 E Pratt St
5. *Full Name of Mother,* Rachel Taker
6. *Mother's Maiden Name,* R. Taker
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jack Taker
9. *Father's Occupation* Presser
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Rosa Finsburg

Address, 27 Floyd St

Remarks,

B 7 6 0 0 0 3 2 7 5

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 75792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 10
4. Place of Birth, (Street and Number) 617 Aliceanna St.
5. Full Name of Mother, Lucy Smith
6. Mother's Maiden Name, " Jones
7. Mother's Birthplace. Va
8. Full Name of Father, Thos Smith
9. Father's Occupation. Cook
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return Dr Samuel Hatchett

Address, 609 Bond St.

Remarks,

8960003276

Wm J C. Dulany Co., City Printers and Stationers.

Such return shall be delivered, duly signed by the practitioner in the first case, and by the parent, householder or other person in charge of the house in the second case, to the office of the Commissioner of Health, in the manner and within the time prescribed by the ordinances of the City of Baltimore. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in charge of the house in the second case, then the parent or parents of such child shall become the duty of the person above required, and shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236]

RETURN OF A BIRTH. 75193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11/96
4. Place of Birth, (Street and Number) 410 E. Montford Ave.
5. Full Name of Mother, Lilly Knoechel
6. Mother's Maiden Name, " Strasheim
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Knoechel
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Dennenhofer

Address, 1200 E. Pharp St

Remarks,

8 9 6 0 0 0 3 2 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10 96
4. Place of Birth, (Street and Number) 1202 E. Collington Ave.
5. Full Name of Mother, Sophie Wetzmann
6. Mother's Maiden Name, " Schultz
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Wetzmann
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1201 E. Chase St.

Remarks,

6960003278

Wm. J. C. Dulany Co., City Printers and Stationers.

[...] 1230]

[...] birth as far as the same can be ascertained [...] have occurred under his or her care during the [...]ssioner of
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the full name of each child, (if any, shall have
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) VIII

1. *Sex,* (*state whether male or female*) Boy
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* June 18/96
4. *Place of Birth,* (*Street and Number*) 2427 Alice Ann Str.
5. *Full Name of Mother,* Fanny Nelson
6. *Mother's Maiden Name,* " Schwab
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Nelson
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Dierenhofer

Address, 1200 S. Sharp St.

Remarks,

1 8 9 6 0 0 0 3 2 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11th 1896
4. *Place of Birth, (Street and Number)* 1 Dorsey Ave
5. *Full Name of Mother,* Lula A Hays
6. *Mother's Maiden Name,* Lula A Kendall
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Randall Hays
9. *Father's Occupation* Contractor
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Elizabeth Fuchs

Address,

Remarks,

8960003280

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY

RETURN OF A BIRTH. 73797

GIVEN NAME ADDED 8-7-60

To the [illegible]nce of Registrar of Vital [illegible]tistics, Board of Health, Baltimore City.

Name; Lillian Ruth Kennedy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th of June 1896
4. Place of Birth, (Street and Number) Baltimore Co. 1519 N. Patterson Pk
5. Full Name of Mother, Lillie M. Kennedy
6. Mother's Maiden Name, Lasting
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, William R. Kennedy
9. Father's Occupation Public Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Fanning

Address, 414 E. Hamburg St.

Remarks, Mother and Child are doing well.

8960003281

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1230

RETURN OF A BIRTH. 75798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11 96
4. Place of Birth, (Street and Number) 1909 Pulaski St.
5. Full Name of Mother, Mina Lauss
6. Mother's Maiden Name, " Gigg
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Lauss
9. Father's Occupation Saloonkeeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Heisenhofer

Address, 1201 L. Sharp St.

Remarks,

8 9 6 0 0 0 3 2 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife in attendance upon a birth shall, within ten days thereafter, send to the Commissioner of Health a return of such birth as the same can be ascertained, the forms for which shall be furnished by the Commissioner of Health; and every person who shall refuse or neglect to report as aforesaid the birth of any child which may have been born in any house or place where he shall have been called to attend, or shall knowingly make a false report of the time or place of birth; and the midwife or other person who shall have been employed in any case of birth, shall make the return required of physicians, and shall be subject to the same penalties for neglect or refusal; and every physician or midwife who shall be required to make a return of a birth, shall, before he is entitled to receive his fee, procure the certificate of the Commissioner of Health, or of the registrar appointed by him, that such return has been made in the form and manner required by this section; and no physician or midwife shall demand or receive his fee for attendance upon any case of birth, until he has procured such certificate. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of the person or parents of such child to report the same shall be performed by the householder of the house in which such birth occurs, and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75199

GIVEN NAME ADDED 2/21/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: MELVIN VAN BUREN CHILCOAT

1. *No. of Child of Mother.* (state whether 1st, 2d, 3d, &c.) 1st
2. *Sex.* (state whether male or female) male
3. *Race or Color.* (if not of the white race) White
4. *Date of Birth.* June 12 1896
5. *Place of Birth.* (Street and Number) 412 Falls Road
6. *Full Name of Mother,* Lydia E Chilcoat
7. *Mother's Maiden Name,* " " Morris
8. *Mother's Birthplace,* Md.
9. *Full Name of Father,* Milton T Chilcoat
10. *Father's Occupation* Driver Baker wagon
11. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Wm K. Fridman

Address, 102 Chestnut Ave

Remarks,

6960003283

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 752 00

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2 1926
4. Place of Birth, (Street and Number) 1126 Lanvale ave
5. Full Name of Mother, Mary E Addington
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father, William H Addington Jr
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E Sims 515 Lickenwe

Remarks, hampden city

8960003284

Wm. J. C. Dulany Co., City Printers and Stationers.

Anna Maria 15201

1. Sex, ... No. of Child of Mother, 9.
2. Race or Color, female.
3. Date, 12 Jun 1916
4. Place of Birth, 1235 Race st
5. Full Name of Mother, Susc Kuzma
6. Mother's Maiden Name, Dercieshin
7. Mother's Birthplace, Galicien.
8. Full Name of Father, John Kuzma
9. Father's Occupation, Laborer
10. Father's Birthplace, Galicien.
11. Mrs P Liesemann
12. 229 Elliott.

1 6 9 6 0 0 0 5 2 8 5

RETURN OF A BIRTH. 75202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13th 1896
4. Place of Birth, (Street and Number) Woodsville P.O. Md.
5. Full Name of Mother, Rachel Baker
6. Mother's Maiden Name, Rachel Adler
7. Mother's Birthplace, Russia
8. Full Name of Father, David Baker
9. Father's Occupation Farmer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Feinberg

Address, 27 Lloyd St

Remarks, Mother and child are well.

0 4 6 0 0 0 3 2 8 6

...ed by the Commissioner of ... of ... during the ... of ... and ... of birth ... the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or the person or other person required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	(M) Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	13th June 1896
4. *Place of Birth, (Street and Number)*	216 N Chapel Street
5. *Full Name of Mother*	Mary Steigerwald
6. *Mother's Maiden Name*	Schmidt
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	George Steigerwald
9. *Father's Occupation*	Driver
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other person who makes this Return	Mrs H Brown Midwife
Address	1922 E Fayette Street
Remarks	

8960003287

Wm. J. C. Dulany Co., City Printers and Blank Makers.

RETURN OF A BIRTH. 75204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15th 1896
4. Place of Birth, (Street and Number) 1106 Lafayette ave
5. Full Name of Mother, Mary E. Tongue
6. Mother's Maiden Name, " " Porter
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Robt T. Tongue
9. Father's Occupation Insurance Agent
10. Father's Birthplace, Va & Co. Md.

Name of Medical Attendant, or other person who makes this Return. J. Harvey Hull M.D.

Address, 1317 N. Arlington ave

Remarks,

6460003288

Wm. J. C. Dulany Co., City Printers and Stationers

1230

RETURN OF A BIRTH. 75205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Selma Beck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5-Dec 1890
4. Place of Birth, (Street and Number) 130 Eastern Avenue
5. Full Name of Mother, Sadie Beck
6. Mother's Maiden Name, Rosen
7. Mother's Birthplace, Russia
8. Full Name of Father, Samuel Beck
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schwartzman

Address, 1211 Eastern Ave

Remarks.

8960003289

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME LOUISE BOLTON

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 16th 1896
4. *Place of Birth, (Street and Number)* 420 E. 23rd St
5. *Full Name of Mother,* Nellie E. Bolton
6. *Mother's Maiden Name,* Stockdale
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James St Bolton
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Doctor J. B. Hart

Address, 816 Jefferson Ave Family

Remarks, Twins

1896000329 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 16th 1896
4. *Place of Birth, (Street and Number)*	2444 Francis st
5. *Full Name of Mother,*	Rosalie Caulfield
6. *Mother's Maiden Name,*	Hamilton
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Albert W Caulfield
9. *Father's Occupation*	House painter
10. *Father's Birthplace,*	South Carolina
Name of Medical Attendant, or other person who makes this Return,	M H Carter MD
Address,	1800 W. Balto St.
Remarks,	

84 0 0 0 0 3 2 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 75208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex. (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 17 96
4. *Place of Birth, (Street and Number)*	S.S. "Charlotte"
5. *Full Name of Mother,*	Mrs. Jennie Trent
6. *Mother's Maiden Name,*	Unknown
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	J C Austin M.D.
Address,	115 W. Lombard St.
Remarks,	Born on S.S. "Charlotte" Returning Norfolk & Baltimore

The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth, it shall become the duty of the parents or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above named, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7520?

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18 1896
4. Place of Birth, (Street and Number) Hardinger lane city
5. Full Name of Mother, Carrie E Wiley
6. Mother's Maiden Name, Trenderj
7. Mother's Birthplace, Baltimore co
8. Full Name of Father, Robert F Wiley
9. Father's Occupation Lapidary
10. Father's Birthplace, Fairfax co Va

Name of Medical Attendant, or other person who makes this Return

Address, 545 Richardj gl Hampden ci

Remarks, Martha E King.

B 960003293

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-7-65

RETURN OF A BIRTH. 75210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name.	Georgia Reed
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 18 '86
4. Place of Birth, (Street and Number)	15-04 mother
5. Full Name of Mother,	Mrs. Eva B. Reed
6. Mother's Maiden Name,	" Bowers
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Harry C Reed
9. Father's Occupation	carpenter
10. Father's Birthplace,	Balto. Co. Md
Name of Medical Attendant, or other person who makes this Return,	T Chew Worthington
Address,	840 W. Fayette st
Remarks,	

8960003294

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 75211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20th 1896
4. Place of Birth, (Street and Number) 156 Old York Rd
5. Full Name of Mother, Margaret E. Lamb
6. Mother's Maiden Name, Hitch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. J. Lamb
9. Father's Occupation City Fireman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Hart

Address, 815 Jefferson Ave

Remarks, Hart

8460003295

Wm. J. C. Dulany Co., City Printers and Stationers.

Be it enacted, that every birth shall be registered, and the date and place of birth, the name, sex, race or color, and parentage of each child born in this State, the occupation of its parents, the date and place of their marriage, and the maiden name of the mother, shall be returned to the office of the Registrar of Vital Statistics of the city or county in which such birth occurs within ten days after the birth, and every midwife or person other than a physician or practitioner of midwifery who shall attend the birth of any child shall, within ten days after the birth, report the same to the Registrar of Vital Statistics, in the manner and within the period above required; and in case the birth occurs without the attendance of a physician or practitioner of midwifery, or if the physician or other person in attendance upon the birth of any child shall fail to report the same, the mother, immediately thereafter, shall become the duty of the person in whose house or on whose premises the birth occurs, within the time and in the manner above required, to report the birth to the Registrar of Vital Statistics, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 20 96
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Lombard
5. *Full Name of Mother,*	Clara Rider
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return.	J C Austin M.D.
Address,	115 W. Lombard St
Remarks,	

6960003296

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimo

A75213

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6/20/96
4. *Place of Birth, (Street and Number)* 11 S 906 di
5. *Full Name of Mother,* Lillie Stevens
6. *Mother's Maiden Name,* Reed
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick St
9. *Occupation* Mykel Sevens
10. Baltimore

...erson who ...is Return, M.D.

...ame is to be ascertained the full name of each child, th... ...ccupation of its parents, the date and place of birth, the fir... ...e. The full name and residence of the practitioner in the form of a certificate of the birth of any ch... ...every month to the office of the Commissioner of Health, in case the birth of any child ... ...attendance of a physician or midwife, or should no other person be ... ...mother, immediately after the birth, in the manner and within the time ... ...to the Commissioner of Health, in the manner and within the time ... ...who shall hereafter fail to comply with the provisions of this section shall be sub... ...dollars for each offence. to be recovered as other fines and forfeitures are recoverable.

5960003297

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-75293

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore.....
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 2311 Linden Ave
(If rural give location)

3. Full name of child .....

4. Date of birth July 8, 1896
(Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet..... | If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth .....M.

FATHER OF CHILD

9. Full Name Paul Haupt
10. Color or race White 11. Age at time of this birth ..... yrs.
12. Birthplace Germany
(City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Mina Giede
16. Color or race White 17. Age at time of this birth ..... yrs.
18. Birthplace Virginia
(City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....
22. Mother's mailing address for registration notice:
2311 Linden Ave

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar July 21, 1896

25. Signed Dr. James F McShane
Registrar

26. Given name added ..... by Registrar per .....

(Signed) F. Reinhard M. D.
Physician (or midwife) who attended this birth
or
Robert E. Lasbury M.D.
Commissioner of Health and Registrar
Address .....

6960 00329 September 13, 1971
Date

VS 100

No information appears on the original filing for information not appearing on this certificate.

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Folio: 87

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-75380

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: Baltimore, Maryland
(b) Mother's stay before delivery: In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. 1173 E. Lombard Street (If rural give location)

3. Full name of child Joseph Zins

4. Date of birth July (Month) 20 (Day) 1896 (Year)

5. Sex: Male | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Simon Zins
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace Russia (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....
21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

MOTHER OF CHILD

15. Full Maiden Name Fannie Zins
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace Russia (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....
22. Mother's mailing address for registration notice: .....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..... , related to this child as .....

24. Date rec'd by local registrar July 22 1896

25. Signed Dr. James F. Mc Shane (Registrar)

26. Given name added ..... by Registrar per .....

(Signed) Lena Barber (Midwife)
Physician (or midwife) who attended this birth
or Robert E. Farber, M.D.
Commissioner of Health and Registrar
Address ..... Date

0 0 3 2 9 9 JUL 9 1968

VS 100

No information appears on the original filing for information not appearing on this certificate.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-75542

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: Bank St.
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. Bank St.
(If rural give location)

3. Full name of child. LUCILLE L. KATENKAMP

4. Date of birth July 15, 1896
(Month) (Day) (Year)

5. Sex Female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name George Schamberger
10. Color or race W 11. Age at time of this birth ..... yrs.
12. Birthplace .....
(City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Anna Barbara Muller
16. Color or race W 17. Age at time of this birth ..... yrs.
18. Birthplace .....
(City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Mother's mailing address for registration notice: .....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by Pauline E. Forstmann, related to this child as Cousin

24. Date rec'd by local registrar July 19 1896

25. Signed Dr. James F. McShane
Registrar

26. Given name added ..... by Registrar per .....

(Signed) Audrey Barton M. D.
Physician (or midwife) who attended this birth (Midwife)
or .....
Address .....

0 0 1 8 0 2

State Registrar of Vital Records

Date

VS 100

RETURN OF A BIRTH. 75-892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 9th 1876.
4. *Place of Birth, (Street and Number)*	2947 Fulton Ave
5. *Full Name of Mother,*	Amelia Youngheim
6. *Mother's Maiden Name,*	Amelia Muth.
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Frederick Youngheim
9. *Father's Occupation*	Grip-maker
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	John J Pennington M.D.
Address,	1716 Linden Ave.
Remarks,	

B 9 6 0 0 0 3 3 0 1

register of ... births which shall contain a list of the letters and figures forming the full name of each child, if any, and the ... Health. This schedule shall be delivered, duly filled out, to the parents, or other person having charge of the child, at the ... months, and shall state its sex, color, the full name of the practitioner in the case, the full name of the parents, and the ... been enrolled, and shall be delivered, duly filled out, to the parents, or other person having charge of the child, at the ... third day of each and every month. If a physician or midwife shall become the duty of any physician or midwife to make ... shall occur without the assistance of a physician or midwife, it shall become the duty of the parents of such child ... attendance, to make the return required by this section, within the time and in the manner herein provided, and ... duty such person or persons shall fail to comply with the provisions of this section, he or they shall be severally ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth [illegible] the [illegible] of its parents, the [illegible] month, and shall set forth as [illegible] the name and occupation of its parents, the [illegible] been conferred) its sex, color, the full name and occupation of its parents, the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 22 - 1896

4. *Place of Birth, (Street and Number)* 1537 Washington St

5. *Full Name of Mother,* Ida May Myers

6. *Mother's Maiden Name,* " " Lewis

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Charles Edward Myers

9. *Father's Occupation* Brass Finisher

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs M. A. Fesler

Address, 1600 E. [illegible] St.

Remarks,

8960003302

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24th 1896
4. Place of Birth, (Street and Number) No. 1318 Dallas st
5. Full Name of Mother, Mary L. Ebert.
6. Mother's Maiden Name, Stork.
7. Mother's Birthplace, " Baltimore.
8. Full Name of Father, George J. Ebert
9. Father's Occupation, Employed at the N. C. R. Baltimore
10. Father's Birthplace, Julia L. Broome

Name of Medical Attendant, or other person who makes this Return, No. 944 Gay st

Address,

Remarks,

1896 U 003303

Wm J. C. Dulany Co., City Printers and Stationers.

month, the (1) its sex, color, the full name and residence of the practitioner in the form of a certificate to be filled in by such practitioner, stating the time when and place where he was called to attend such birth, and if he was not present at the birth of any child he was called to attend, the reason why he was not present at the birth of such child, and the time when he was called to attend such child, and the time when he first saw such child after the birth thereof, and the condition in which he found such child, which certificate shall be delivered, duly signed and verified by oath, to the Commissioner of Health, or should no other person be in attendance at the birth of any child, then it shall be the duty of the person or parties having charge of such child within ten days after the birth of such child, to report the same to the Commissioner of Health, in the manner and within the time in this section required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75-895

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July the 29th 1896
4. Place of Birth, (Street and Number) No. 826 N. Caroline st.
5. Full Name of Mother, Margaret Whitney
6. Mother's Maiden Name, " Christ.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry J. Whitney.
9. Father's Occupation, Hoop Fisher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Julia A. Groome

Address, No. 944 N. Gay st.

Remarks,

8960003304

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 22nd 1894
4. Place of Birth, (Street and Number) 827 N Caroline ave
5. Full Name of Mother, Hattie C Frazier
6. Mother's Maiden Name, Fink
7. Mother's Birthplace, Md
8. Full Name of Father, Harry A. Frazier
9. Father's Occupation
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, [illegible] B Frazier

Address, 811 N. Caroline St

Remarks, 6 9 6 4 0 0 3 3 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75 897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 1 July
4. Place of Birth, (Street and Number) 160 N Caroline St
5. Full Name of Mother, Sarah Wilkerson
6. Mother's Maiden Name, Mumma
7. Mother's Birthplace, Balto
8. Full Name of Father, Robert Wilkerson
9. Father's Occupation, Produce dealer
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. Mrs R Wilby

Address, 1302 E Lexington

Remarks, 8960003306

month, and shall set forth in the manner, occupation of its father, and such other information as may be required by the practitioner in charge of Health. In case the father is not living, the certificate shall be made by the mother, and in case neither father nor mother is living, or in case neither parent is able to make the certificate, then by the person or persons having charge of such child. The certificate shall also state the sex, color, the full name and residence of the person or parents of such child, the date of birth, and the place where it shall become due and within the period above required, and if such birth occur without the attendance of a physician, it shall become the duty of each and every person required by this section to make such certificate to report such birth to the Commissioner of Health, in the manner the provisions of this section are recoverable. And any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75-898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 July
4. Place of Birth, (Street and Number) 243 Harrison St
5. Full Name of Mother, Lena Junk
6. Mother's Maiden Name, Kessler
7. Mother's Birthplace, Poland
8. Full Name of Father, Isaack Junk
9. Father's Occupation, Chas Workes
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Wm R. Wilson

Address, 1902 Eutaw pl

Remarks, 2960003307

W. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	July 3, 1896.
4. Place of Birth, (Street and Number)	1413 2 Riggs ave.
5. Full Name of Mother,	Lilian May Liddell.
6. Mother's Maiden Name,	Holmes.
7. Mother's Birthplace,	Ind.
8. Full Name of Father,	Jodie Liddell.
9. Father's Occupation	Grain-Seller.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Tibbetts M.D.
Address,	291 Chestnut ave.
Remarks,	

1896 00033308

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 75900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether mate or femate), Female
2. Raee or Cotor (if not of the white race), White
3. Date of Birth, July 5 1916
4. Plaee of Birth (Street and Number), 323 Park Ave
5. Fult Name of Mother, Lea Schaffa
6. Mother's Maiden Name, Meyer
7. Mother's Birtlplaee, Russia
8. Fult Name of Father, Ike Schaffa
9. Father's Oeeupation, Butcher
10. Father's Birtlplaee, Russia

Name of Medical Attendant, or other person who makes this Return. Wm. Hoef

Address, 165 W. Fayette St

Remarks,

8960073809

and shall set forth the full name and occupation of the father of a certificate between the [illegible] ferred). Its sex, color, if not white, and the precise time and place of birth. In case the birth shall occur without shall be delivered within one month to the office of the County or Municipal Health Officer, or to such other person as may be designated by the Commissioner of Health. In case the birth shall occur in attendance upon the mother, immediately after the birth, the person in attendance upon such child to report the particulars of such birth to the office of the County or Municipal Health Officer, or to such other person as may be designated by the Commissioner of Health. In the manner and within the time above required. And any such person who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75901

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. 14 July
4. Place of Birth, (Street and Number) 465 N. Caroline St
5. Full Name of Mother. Ida Harris
6. Mother's Maiden Name, " Miller
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Harris
9. Father's Occupation Sailor
10. Father's Birthplace. Balto Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. D. Illig

Address. 1302 E Lexington St

Remarks. 1896000331 0

Sec. 3. And be it further enacted, That it shall be the duty of the parent, or in case of his death, absence or inability, of the mother, of every child born in the City of Baltimore, to cause the birth of such child to be registered within ten days after such birth, and for every neglect to register the birth of such child within the time aforesaid, the parent shall forfeit and pay the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

Sec. 4. And be it further enacted, That it shall be the duty of the midwife, or other person in attendance upon the mother, immediately after the birth of any child, to report its birth to the Commissioner of Health, in the manner and with the particulars required by the provisions of this section, under the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Sec. 5. And be it further enacted, That it shall be the duty of the parent, or in case of his death, absence or inability, of the mother, of every child born in the City of Baltimore, to cause the birth of such child to be registered within ten days after such birth, and for every neglect to register the birth of such child within the time aforesaid, the parent shall forfeit and pay the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

Sec. 6. And be it further enacted, That it shall be the duty of the midwife, or other person in attendance upon the mother, immediately after the birth of any child, to report its birth to the Commissioner of Health, in the manner and with the particulars required by the provisions of this section, under the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 15 July
4. Place of Birth, (Street and Number) 831 Eutaw st
5. Full Name of Mother, Clara Reitzman
6. Mother's Maiden Name, Magnes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henri Reitzman
9. Father's Occupation =
10. Father's Birthplace, Bald.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 North Central Ave.

Remarks,

8960003311

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 5903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 8th 1896.

4. Place of Birth, (Street and Number) Salisbury Court No 4 S Bal

5. Full Name of Mother, Mary Frances Thompson

6. Mother's Maiden Name, Mary Frances Slater

7. Mother's Birthplace, Eastern Shore.

8. Full Name of Father, Harryman Thompson

9. Father's Occupation Laborer.

10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return, Sarah Ann Jones

Address, No 525 Pattison Park Ave.

Remarks. 8960003312

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Mal
2. Race or Color, (if not of the white race) Color
3. Date of Birth, July 29 1890
4. Place of Birth, (Street and Number) Montford ave 242
5. Full Name of Mother, Mattie Bennah
6. Mother's Maiden Name, Sarah James
7. Mother's Birthplace, Maryland
8. Full Name of Father, Charles Bennah
9. Father's Occupation Peter
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, Sarah James

Address, 525 Paterson Park

Remarks.

8960003313

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 75905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5th

1. Sex, (*state whether male or female*) male
2. Race or Color, (*if not of the white race*) White
3. Date of Birth, Eight of July
4. Place of Birth, (Street and Number) 2619 Mary street Clifton
5. Full Name of Mother, Delia Renehan
6. Mother's Maiden Name, Delia McDonall
7. Mother's Birthplace, Irland
8. Full Name of Father, John M. Renehan
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore County Towson

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Mockney

Address, ~~M. J. Shoeffer~~

Remarks, 731 Cumberland St

896000331 4

... This schedule shall contain ... the same can be ascertained the ... the date and place of birth; and the Health. ... month, and shall set forth as far as the same and occupation of its parents, the date and place of birth; ... the first and been conferred) its sex, color, the full name and occupation of its parents, between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 14th July
4. Place of Birth, (Street and Number) Hoy Woodyear st
5. Full Name of Mother, Ella Vaughn
6. Mother's Maiden Name, Ella Grimes
7. Mother's Birthplace, Richmond County Va
8. Full Name of Father, John B Vaughn
9. Father's Occupation Cobbing Waste
10. Father's Birthplace, Essex County

Name of Medical Attendant, or other person who makes this Return, Marie Jones

Address, 1337 Watson St

Remarks,

1896 0003315

Health. This certificate is for the same child mentioned in the certificate of its parents, bearing the same number, and shall be filled out by the attending physician or midwife, in the form of a certificate between the first and second days of each and every month, to the Commissioner of Health, in case the birth shall have been conferred), the certificate shall be delivered, duly signed by the physician or midwife, to the Commissioner of Health. In case the birth shall occur without the attendance of a physician or midwife, or if the person or parents of such child to report, as herein required, the person who shall have charge of the child within the period above required, and shall set forth, as far as the same can be ascertained, the full name and occupation of its parents, the date of birth, the full name and occupation of the person in attendance upon the birth, or other person who shall report the same, and the street and number of the residence where such birth occurred, duly signed by the person making such report, and shall be delivered to the Commissioner of Health within the period above required, and every such person who shall neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 15 1896
4. Place of Birth, (Street and Number) 1418 Parish Alley
5. Full Name of Mother, Amelia Hill
6. Mother's Maiden Name, Amelia Bowen
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Robert Hill
9. Father's Occupation Yard Caring
10. Father's Birthplace, Albany

Name of Medical Attendant, or other person who makes this Return. Maria Jones

Address, 1337 West Coat Street

Remarks,

B 9 6 0 0 0 3 3 1 6

Health. The information set forth as for as the same can be ascertained from the parents, the physician or midwife in attendance, or the nearest relative present at the birth, is required by the Board of Health to be given in every certificate between the first and tenth day of each and every month, and shall set forth the name, age, color, occupation of its parents, the exact locality of the house in which the child was born, the full name and residence of the physician or midwife in attendance, and the date of birth; in case there was no physician or midwife present at the birth, then the certificate shall be made by the nearest relative present, or if no relative was present, then the occupant of the house in which the birth occurred shall be required to report the same. In case the birth shall occur in a hospital, almshouse, or other institution, the certificate shall be made by the person in charge thereof. In case of the death of the child before a certificate of birth has been entered, the undertaker shall report the name, age, color, the full name and residence of the parents, the exact locality of the house in which the child was born, the full name and residence of the physician or midwife in attendance, and the date of birth to the Commissioner of Health. In case the birth occurs in a hospital, almshouse, or other institution, the certificate shall be made by the person in charge thereof. In case the birth or death shall occur without the attendance of a physician or midwife, the certificate shall be delivered, duly signed, at the office of the Commissioner of Health, in the manner and within the period above required, and said office is open for the reception of certificates of births and deaths on Sundays, between the hours of 9 A. M. and 12 M. Any person who shall occur without the attendance of a physician or midwife, the certificate shall be delivered, duly signed, at the office of the Commissioner of Health, in the manner and within the period above required, and said office is open for the reception of certificates of births and deaths on Sundays, between the hours of 9 A. M. and 12 M. Any person who shall neglect or refuse to report as herein required, or who shall knowingly make any false report, shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 5908

GIVEN NAME ADDED 7/28/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Clyde Hesson ~~Sloneker~~ Sloneker Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male.

1. Sex, (state whether male or female) Colored.
2. Race or Color, (if not of the white race) July 15, 1896.
3. Date of Birth, 3 Hooper ave.
4. Place of Birth, (Street and Number) Mary Ellen Sloneker.
5. Full Name of Mother, Hesson.
6. Mother's Maiden Name, Md.
7. Mother's Birthplace, John T. Sloneker.
8. Full Name of Father, Painter.
9. Father's Occupation, Md.
10. Father's Birthplace, Chas. H. Mitchell M.D.

Name of Medical Attendant, or other person who makes this Return

Address, 291 Cleveland ave.

Remarks,

B460003317

been conferred) its sex, color, date and place of birth, the name, residence and occupation of its parents, the number of children born to the mother, and such other information as may be required by the Commissioner of Health, in the manner and form prescribed by the Commissioner. In case the child shall be delivered without the attendance of a physician or midwife, or if it shall become the duty of any other person to make such return, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form prescribed by the Commissioner, within the period above specified, and such report shall be verified by the oath or affirmation of the person making the same. No certificate of birth shall be issued by the Commissioner of Health, nor shall any burial permit be issued by the undertaker or person having charge of the remains of any child whose birth shall occur without the attendance of a physician or midwife, until the provisions of this section with reference to the return of such birth have been complied with. Any physician, midwife, undertaker or other person who shall fail to comply with the provisions of this section shall be subject to the penalties and forfeitures herein provided. Penalties and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 75909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. 12 July
4. Place of Birth, (Street and Number) 1428 N Pisant St
5. Full Name of Mother, Helen Silverman Bernstein
6. Mother's Maiden Name,
7. Mother's Birthplace. Russia
8. Full Name of Father, Abraham Bernstein
9. Father's Occupation Tailor
10. Father's Birthplace. Russia

Name of Medical Attendant, or other person who makes this Return, Thos R Wirg

Address, 1302 E Lexington

Remarks, 8460003318

said schedule shall be delivered to the office of the County ... or midwifery, or shall do other duties of such third day of each and every month in a physician or practicer of midwifery, or the person or parents of such shall occur without the other, immediately thereafter. It shall be the duty of the person above required to attendance upon birth to the Commissioner of Health to comply with the provisions of this section shall be sub- child as aforesaid, and any person required as aforesaid to comply with the provisions of this section shall be- ject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-6-58

RETURN OF A BIRTH. 75910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Gareta Estella Justice 2.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 18, 1896.
4. Place of Birth, (Street and Number) 1136 Cherbert ave.
5. Full Name of Mother, Veranda Virginia Justice.
6. Mother's Maiden Name, Carpenter.
7. Mother's Birthplace, Md.
8. Full Name of Father, Philip L. Justice.
9. Father's Occupation Garbage Collector.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Cherbert ave.

Remarks,

1896000331 9

month, incorrect in sex, color, the fact proved by the practitioner in the case of Health. In case the facts required to be given in this certificate shall not be delivered, duly certified as aforesaid, to the office of the Commissioner of Health, or should any other person be in attendance upon the mother immediately before or after the birth, or should no physician or midwife, or other person or parents of such child, have been in attendance upon the mother, then the certificate of the physician or person who shall become the duty of the parents to make and deliver, duly certified as aforesaid, to the office of the Commissioner of Health, within the period above required, and in case any physician or midwife, or other person who shall be in attendance upon the mother, shall neglect or refuse to make and deliver, duly certified as aforesaid, to the office of the Commissioner of Health, within the period above required, and in case any physician or midwife, or other person who shall be in attendance upon the mother immediately before or after the birth, or should no physician or midwife, or other person be in attendance upon the mother, then the parents of such child shall severally forfeit and pay the sum of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 75911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) boy

2. Race or Color, (if not of the white race)

3. Date of Birth, 19 July

4. Place of Birth, (Street and Number) 7029 Sommerset st

5. Full Name of Mother, Anna Lebald

6. Mother's Maiden Name, Borkhorn

7. Mother's Birthplace, Balt.

8. Full Name of Father, Lolan Lebald

9. Father's Occupation, Bell.

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N Ent. Av.

Remarks.

6 7 6 0 0 0 3 3 2 0

Every case of birth shall be registered, only eighty cents of the Commissioner of Health, and no other person be paid, which sum shall be delivered every month to the officer or practioner on the duty of the person above required, and third day of each and every month thereafter, it shall be the duty of the person above required, and shall occur upon the premises where the mother, unmarried, shall be delivered, to report such birth in the manner and within the time above specified, and to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78-912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 26
4. Place of Birth, (Street and Number) 215 Hillyard Street
5. Full Name of Mother, Fannie Jones
6. Mother's Maiden Name, Fannie Council
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Peter Johnson Work.
9. Father's Occupation, Meat Cutter
10. Father's Birthplace, Petersburg Virginia

Name of Medical Attendant, or other person who makes this Return, Dr Hal Winston Neal

Address, 507 Hal

Remarks,

1896000332

Wm J C. Dulany Co., City Printers and Stationers.

Sec. 2. Be it further ordained, That every midwife or practitioner of midwifery or other person in charge of such case, who shall not every month to the 26th day of each and every month, inclusive, report to the Registrar of Vital Statistics the name of each and every child born under the attendance of a midwife or practitioner of midwifery or other person in charge of such case, within the third day of each month next succeeding the birth of such child, and the name of the mother, immediately after the birth of such child, shall become liable to a penalty of five dollars for each and every such offence, to be recovered as other fines and forfeitures are recoverable. And it shall be the duty of the person or parents of such child, where there is no midwife or practitioner of midwifery or other person in charge of such case, who shall hereafter fail to comply with the provisions of this section, to report its birth to the Registrar of Vital Statistics, within the period above required, and shall cause the same to be registered, as directed by this ordinance, such person or parents shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 22, 1896.
4. Place of Birth, (Street and Number) 906 E. 22 ave.
5. Full Name of Mother, Alice A. Williams.
6. Mother's Maiden Name, Disney.
7. Mother's Birthplace. Md.
8. Full Name of Father. George Franklin Williams.
9. Father's Occupation Paper hanger
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Edson H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

6 4 6 U 0 0 3 3 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

3. Returns are to be made every month to the Registrar by each physician or practicioner of midwifery, or midwife in whose practice any birth shall occur, within the first third day of each succeeding month; and every undertaker or person acting as undertaker who shall bury the body of any child for the burial of which no certificate shall have been previously returned as hereinbefore required, shall within the first third day of each succeeding month make return to the Registrar of Vital Statistics of all such burials which may have occurred during the preceding month, in which he shall state the name, if any, of the child, the name of the parents, the date of the death, the cause of death, the age, color and sex of the child, and the name and residence of the physician, if any, in attendance during the last illness of the child. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 23d, 1896.
4. Place of Birth, (Street and Number) 2624 Cedar ave.
5. Full Name of Mother, Emma Jane Shaffer.
6. Mother's Maiden Name, Henry.
7. Mother's Birthplace, Md.
8. Full Name of Father, Charles W. Shaffer.
9. Father's Occupation, Railroader.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Litchfield M.D.

Address, 291 Chestnut ave

Remarks,

+ 8960003323

Wm. J. C. Dulany Co., City Printers and Stationers

months, referred to sex, color, the full name, by the practitioner in the form of a card, which the birth of any child shall occur, it shall be the duty of the person in charge of such case to report the fact to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person required by this section to report the birth have been conferred, duly sworn before the Commissioner of Health, or some one of his deputies, to make a return to the office of the Commissioner of Health, within ten days after the birth, of the name, sex, color, the full name, residence and occupation of the parents of such child, and every name of a physician or practitioner in midwifery, or other person who shall become the duty of the person above required, and shall occur without the attendance of a physician or practitioner in midwifery, or should no other person required by this section to report the birth have been conferred, duly sworn before the Commissioner of Health, or some one of his deputies, to make a return to the office of the Commissioner of Health, within ten days after the birth, in the manner and with the particulars required by the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	July 23, 1896.
4. Place of Birth, (Street and Number)	170 Plymouth ave.
5. Full Name of Mother,	Annie Elizabeth Meyls.
6. Mother's Maiden Name,	Chambers.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Christopher C. Meyls
9. Father's Occupation	Teamster - Driver.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

1896 0003324

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 23 July

4. Place of Birth, (Street and Number) 1606 Holbrook st

5. Full Name of Mother, Lizzie Roesch

6. Mother's Maiden Name, Alison

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter Roesch

9. Father's Occupation =

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Central Av.

Remarks,

1 8 9 6 0 0 0 7 3 3 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 twins

1. *Sex, (state whether male or female)* both females
2. *Race or Color, (if not of the white race)*
3. *Date of Birth.* 25 July
4. *Place of Birth, (Street and Number)* 608 E Fayette St
5. *Full Name of Mother,* Mary Herotek
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Frank Herotek
9. *Father's Occupation* Silver smith
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R Ullrig

Address, 1302 E Lexington St

Remarks,

8 9 6 0 0 0 0 3 3 2 6

[illegible] said schedule shall be delivered, duly signed by the practitioner [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Male~~ 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 July
4. Place of Birth, (Street and Number) 1251 Orleans St
5. Full Name of Mother, Bettie Eichler
6. Mother's Maiden Name, " Lohr
7. Mother's Birthplace, Europe
8. Full Name of Father, George Eichler
9. Father's Occupation Porter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Ullrig

Address, 1302 E Lexington St

Remarks, 1896000003327

[illegible] month, [illegible] its sex, color, the full name and occupation [illegible] in the form of a certificate between the first and [illegible] been conferred) its sex, color, the full name and occupation [illegible] duly signed by the practitioner in the form of a certificate. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	3
1. *Sex*, (*state whether male or female*)	girl
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	26 July 1896
4. *Place of Birth*, (*Street and Number*)	1631 Durham st
5. *Full Name of Mother*,	Anna Ribold
6. *Mother's Maiden Name*,	Zimmerman
7. *Mother's Birthplace*,	Germ.
8. *Full Name of Father*,	Louis Ribold
9. *Father's Occupation*,	Carpenter
10. *Father's Birthplace*,	Germ.
Name of Medical Attendant, or other person who makes this Return	J. Lunc Walker
Address,	928 E. Cent. Ave.
Remarks,	

8960003328

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When a child is born, the attendant or the practitioner in the case shall, within thirty-six hours after the birth of such child, report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the name, sex, color, date and place of birth of such child, the name, residence and occupation of its parents, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the father or mother of such child, or in case neither father nor mother be living, the householder or owner of the premises where such birth shall occur, shall report the same to the Commissioner of Health, in the manner and within the period of time above specified. In case the birth of any child shall occur without the attendance of a physician or practitioner, and the parents, or either of them, shall refuse or neglect for the period of ten days after the birth of such child to report the same to the Commissioner of Health, in the manner and within the period of time above specified, then the midwife in attendance upon the mother at the birth of such child shall report the same to the Commissioner of Health, in the manner and within the period of time above specified. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Boy. 4

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth. 27 July 1927
4. Place of Birth, (Street and Number) 927 E Wolf st
5. Full Name of Mother, Laura Preissinger
6. Mother's Maiden Name, Meyer
7. Mother's Birthplace. Balt.
8. Full Name of Father. John Preissinger
9. Father's Occupation Carpenter
10. Father's Birthplace, Balt. Germ.

Name of Medical Attendant, or other person who makes this Return Anna Walker

Address, 928 N. Cent. Av.

Remarks

8760003329

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth the full name and occupation of its parents, the date of birth, and the color, the full name and occupation of its parents, the date of birth, and the color, if not white, of each child born alive, and the number of children born to the mother between the first and third day of each and every month to the office of the Registrar of Vital Statistics, or should no other person be in attendance upon the mother, then the duty of the person to perform the duties set forth in this section shall devolve upon the nurse or midwife, or other person in attendance upon the mother, and shall be performed by him or her. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, it shall become the duty of the person to whose knowledge the fact shall first come, to report the same in the manner and within the time prescribed in this section. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 27 July
4. Place of Birth, (Street and Number) 421 N Bulan St
5. Full Name of Mother, Mary Warwick
6. Mother's Maiden Name, Hill
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William Warwick
9. Father's Occupation, Merchant
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs R Mellig

Address, 302 E Lexington St

Remarks, 8960003330

been collected or delivered, duly signed by the City Commissioner of Health, should no other person be in said schedule shall be left every month to the office of the Inspector of midwifery, or of the person or parents of such third day of each month the attendance of a physician or midwife it shall become the duty of such physician or midwife to report its birth to the Commissioner of Health, in the manner and within the period above required, and in case upon the mother, nurse, midwife, or other person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6.)

RETURN OF A BIRTH. 75922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 28 96
4. Place of Birth, (Street and Number) Md Gen Hosp
5. Full Name of Mother, Augusta Fuhs Hall
6. Mother's Maiden Name, Same
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, O V Lumpkin M.D.

Address, Md Gen Hosp

Remarks,

8960003331

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-2-55

RETURN OF A BIRTH. 75-923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Millard Eugene Donaldson 3.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 29th 1876.
4. Place of Birth, (Street and Number) 7 Hooper ave.
5. Full Name of Mother, Rosa Lee Donaldson.
6. Mother's Maiden Name, Gladfelter.
7. Mother's Birthplace, Md.
8. Full Name of Father, D. Brent Donaldson.
9. Father's Occupation Merchant.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks.

B 96 0003332

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July ~~August~~ 30, 1896.
4. Place of Birth, (Street and Number) 2810 Huntingdon ave.
5. Full Name of Mother, Ada May Sherry.
6. Mother's Maiden Name, Rourk.
7. Mother's Birthplace, Md.
8. Full Name of Father, Harvey S. Sherry.
9. Father's Occupation Clerk.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address. 291 Chestnut ave

Remarks.

1896 00 03333

Wm. J. C. Dulany Co., City Printers and Stationers.

Note.—A fee of fifty cents will be allowed for each birth return duly made in accordance with this section of the statute, the same can be collected for no other service. The date given is to be the day, month, and year of birth, and shall set forth in the case of a child born out of wedlock the name and residence of the father, the full name and occupation of the mother in the form of the certificate between the first and second lines, and the full name and occupation of the physician or midwife in the form of the certificate between the second and third lines. In case the birth of any child shall occur in a family where no physician or midwife has been conferred, duly signed by the Register of Vital Statistics, or should no other person or persons be present at the birth, the parent or parents, or other person having charge of such child, shall report the birth to the Commissioner of Health, in the manner and within the time required by said section, and every month to the Commissioner of Health, in the manner and within the time required, and shall make return of all births occurring in such month. Any physician or practitioner who shall assume the duty of the person above required, and shall neglect or refuse to make such return, shall forfeit to the use of the city the sum of five dollars for each and every case without the attendance of such physician or practitioner, and any person required by this section to make return of births who shall neglect or refuse to make such return, or who shall make a false return, shall be liable to a penalty of ten dollars for each offence. In addition to the penalty above provided for, any physician or midwife in attendance upon the mother at the birth of any child who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall neglect or fail to report the birth of any child as required by this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 30, 1896.
4. Place of Birth, (Street and Number) 238 Cedar ave.
5. Full Name of Mother, Katie Cantwell.
6. Mother's Maiden Name, Chambers.
7. Mother's Birthplace, Md.
8. Full Name of Father, Owen J. Cantwell.
9. Father's Occupation Motorman.
10. Father's Birthplace. Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address. 291 Cherbert ave.

Remarks,

† 6960003334

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 9-24-57

RETURN OF A BIRTH. 75926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edgar Wendell ~~Kraus~~ 3

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Wh
3. Date of Birth, July 31-96
4. Place of Birth, (Street and Number) 402 Druid Hill Ave.
5. Full Name of Mother, Lottie Kraus
6. Mother's Maiden Name, Lottie Walker
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas Kraus
9. Father's Occupation, Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Chas. F. Blake M.D.

Address, 1503 E Balto St

Remarks,

1896 0003335

Wm J. C. Dulany Co., City Printers and Stationers.

Every child born within the limits of this City shall be registered, and the parents, or in case of their death or absence, the occupier of the house in which any child shall be born, shall, within the first month after the birth of any child born therein, cause the same to be registered, and shall give information to the Commissioner of Health, in the form of a certificate to be furnished by him, of the full name and occupation of the parents, the time and place of birth of any child born, and shall subscribe a declaration of the correctness of the same. If no other person be in attendance upon such birth, the occupier of the house in which any child shall be born shall, within the first month after the birth of any child born therein, cause the same to be registered, and shall give information to the Commissioner of Health, in the form of a certificate to be furnished by him, of the full name and occupation of the parents, the time and place of birth of any child born, and shall subscribe a declaration of the correctness of the same. If no other person be in attendance upon such birth, the occupier of the house in which any child shall be born shall, within the first month after the birth of any child born therein, cause the same to be registered, and shall give information to the Commissioner of Health, in the form of a certificate to be furnished by him, of the full name and occupation of the parents, the time and place of birth of any child born, and shall subscribe a declaration of the correctness of the same. If no other person be in attendance upon such birth, the occupier of the house in which any child shall be born shall, within the first month after the birth of any child born therein, cause the same to be registered, duly signed by the Commissioner of Health. If no other person be in attendance upon such birth, the occupier of the house in which any child shall be born shall, within the first month after the birth of any child born therein, cause the same to be registered, duly signed by the Commissioner of Health. If no other person be in attendance upon such birth, the occupier of the house in which any child shall be born shall, within the first month after the birth of each and every month by the physician or practitioner of midwifery in attendance upon the family of the person or parents of such child, and shall deliver the same to the Commissioner of Health. If no physician or practitioner of midwifery be in attendance upon such birth, the certificate shall be given by the occupier of the house in which such birth shall occur without the attendance of a physician or practitioner of midwifery, and shall be delivered immediately thereafter in like manner and within the period last above mentioned. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 21 July
4. Place of Birth, (Street and Number) 1459 N. Gay St
5. Full Name of Mother, Sarah Levy
6. Mother's Maiden Name. Goldman
7. Mother's Birthplace. Balto
8. Full Name of Father, Philip Levy
9. Father's Occupation Tailor
10. Father's Birthplace. Europe

Name of Medical Attendant, or other person who makes this Return. Wm R Illig

Address, 1302 E Lexington St

Remarks.

8960003336

W. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred [illegible] shall be delivered, duly signed by the [illegible] Commissioner of Health. In case the [illegible] person be in said schedule [illegible] each and every month to the office of the practitioner of midwifery, or should no other person of such third day of each and every month to the office of a physician or practitioner of midwifery, or should no other person or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents required, and shall occur upon the mother, immediately thereafter, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, in the manner and within the provisions of this section shall be sub- child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 30th 1896
4. Place of Birth, (Street and Number) 1134 Hanover st
5. Full Name of Mother, Mary A Smith
6. Mother's Maiden Name, Eagan
7. Mother's Birthplace, Balto
8. Full Name of Father, Jos. B Smith
9. Father's Occupation, Cooper
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, R. C. Lee

Address, Hanover st

Remarks, 1896000333 7

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 8 1896
4. Place of Birth, (Street and Number) 1129 Parrish Alley
5. Full Name of Mother, Mary Dalton
6. Mother's Maiden Name, Mary Simms
7. Mother's Birthplace, Anarundel County Md
8. Full Name of Father, Tom Dalton
9. Father's Occupation, Laborer
10. Father's Birthplace, Richmond Virginia

Name of Medical Attendant, or other person who makes this Return, Sarah Rawlings

Address, 1610 Vincent Alley

Remarks,

1896000033338

Wm. J. C. Dulany Co., City Printers and Stationers.

Sect. 5. [illegible] delivered duly signed by the Commissioner of Health. It shall be the duty of each midwife to report to the Commissioner of Health, in the manner provided in this section, the name of each child delivered by her during the preceding month, and the name and residence of the person to whom the certificate required by this section was delivered. Such report shall be delivered at the office of the Commissioner of Health, or shall be mailed to the office of the Commissioner of Health, on or before the third day of each and every month. Any midwife who shall fail to report as herein required, and any midwife who shall fail to deliver the certificate required by this section to the person entitled to receive the same, within the period above required, and any midwife who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1~~ 10

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Corord
3. Date of Birth. 9th July 1876
4. Place of Birth, (Street and Number) 1618 Vincent st
5. Full Name of Mother, Sofia Markle
6. Mother's Maiden Name, Sofia Richmond
7. Mother's Birthplace, Calvert Co MD
8. Full Name of Father, Julis Markle
9. Father's Occupation, Labor
10. Father's Birthplace, Calvert Co MD

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address. 1620 Vincent st

Remarks.

8960003339

Wm. J. C. Dulany Co., City Printers and Stationers.

been complied with. Any midwife signed by the proper Commissioner of Health. In case the child shall be still-born, or shall die before the certificate shall be delivered, duly signed by the physician or midwife, or should no other person be in attendance, the parent or parents of such child shall make such return to the office of the Commissioner of Health, in the manner and within the period above required, and shall state the cause of such still-birth, if known. Every midwife who shall become the duty of making such return, and who shall neglect or refuse to do so within the period above required, shall forfeit to the Commissioner of Health, in the manner and subject to the provisions of this section shall be recoverable. If any person shall neglect or refuse to comply with the provisions of this section, or shall make any false return of the birth of any child, or of the cause of the still-birth of any child, every such person shall forfeit to the Commissioner of Health for the use of the city, to be recovered as other fines and forfeitures are recoverable. Every such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6, 1896 at 1605 Orson St.
4. Place of Birth, (Street and Number) Christina Brandau
5. Full Name of Mother, Feehan
6. Mother's Maiden Name, Germany
7. Mother's Birthplace, Laurence A. Brandau
8. Full Name of Father, Laborer
9. Father's Occupation Baltimore
10. Father's Birthplace, Frank Brosch, M.D.

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8960003340

been conferred) its sex, color, &c., as required by the practitioner in the form of a certificate, [illegible] shall schedule shall be delivered daily at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health within ten days thereafter, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13, 1896
4. Place of Birth, (Street and Number) 1818 Eutaw
5. Full Name of Mother, Annie M. Saßlender
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Saßlender
9. Father's Occupation Tailor
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. J. Frank Crouch M.D.

Address,

Remarks,

8960003341

Wm. J. C. Dulany Co., City Printers and Stationers.

been complied with, and no certificate shall be delivered, duly signed by the proper officer of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the occurrence of such birth, it shall become the duty of the person or parents of said child to report the birth to the Commissioner of Health, in the manner and within the time specified in this section, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st ~~1896~~

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15 1896
4. Place of Birth, (Street and Number) 332 Parkin St.
5. Full Name of Mother, Katie Coolehan
6. Mother's Maiden Name, Heinerdinger
7. Mother's Birthplace, Philada. Pa.
8. Full Name of Father, Frank Coolehan
9. Father's Occupation, Stonecutter
10. Father's Birthplace, Balto. Md.

Name of Medicat Attendant, or other person who makes this Return, H.W. Hebner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor.

† 8960003342

month, and shall set forth the full name and occupation of the first of a certificate [illegible] been conferred, and the date when delivered, duly signed by the practitioner in the office of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be shall occur without the attendance of a practitioner, then the parent or parents of such child attendance upon the birth to the Commissioner of Health, in the manner and with the particulars required by any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex. (state whether male or female) female

2. Race or Color. (if not of the white race) white

3. Date of Birth, July 20 1896

4. Place of Birth. (Street and Number) 745 Mulberry str

5. Full Name of Mother, Katie Hohman

6. Mother's Maiden Name. K. Tugmann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Hohman

9. Father's Occupation Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Marie C. Thaewitzer M. D.

Address, 725 Mulberry street

Remarks.

1896 00033 43

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 75935

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d
1. *Sex. (state whether male or female)*	female
2. *Race or Color. (if not of the white race)*	white
3. *Date of Birth,*	July 30. 1896
4. *Place of Birth, (Street and Number)*	1642 N Gilmor
5. *Full Name of Mother,*	Mary Born
6. *Mother's Maiden Name,*	Mc. Muller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Born
9. *Father's Occupation*	cabinet - maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Harris & Shadwitzer M. D.
Address,	725 Mulberry Street
Remarks,	

8960003344

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 31, 1916
4. Place of Birth, (Street and Number) 1316 Greenmount Ave
5. Full Name of Mother, Mary Bamberger
6. Mother's Maiden Name, Regan
7. Mother's Birthplace, New Jersey
8. Full Name of Father, John F. Bamberger
9. Father's Occupation Brickmason
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. J. Frank Crouch, M.D.

Address,

Remarks,

18960003345

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the date of birth, the place where the birth of any child occurred, the full name of the mother, her maiden name, her birthplace, the full name of the father, his occupation, his birthplace, the name of the medical attendant or other person who makes this return, and his address; and in case the birth of any child shall not be delivered, duly filled out, to the office of the Commissioner of Health, or shall not be reported to the Commissioner of Health, in the manner and within the period above required, and said report within the time aforesaid, the person or persons in attendance upon the mother, immediately thereafter, shall each forfeit and pay the sum of five dollars, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of forty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 July 1896
4. Place of Birth, (Street and Number) Eastern Ave. 827
5. Full Name of Mother, Teresa Romeo
6. Mother's Maiden Name, Teresa Di Angelo
7. Mother's Birthplace, Sta Caterina Italy
8. Full Name of Father, Antonio Di Angelo
9. Father's Occupation, Labor
10. Father's Birthplace, Sta Caterina Italy

Name of Medical Attendant, or other person who makes this Return, Mrs Palma Tannarelle

Address, 235 President St

Remarks, Vincenzo Di Angelo

6 9 6 0 0 0 3 3 4 6

month, and year; 2d, color; the full name of the father; 3d, the occupation of the father; 4th, the birthplace of the father; 5th, the full name of the mother before marriage; 6th, the birthplace of the mother; 7th, the number of children born to the mother, including the present birth, and the number now living; 8th, the number of children born alive but now dead; 9th, the number of children born dead. To each of these questions a full answer must be given. The certificate shall be signed by the physician, midwife or other person in attendance at the birth, and shall be delivered to the parent or person in charge of the child before the same shall be removed from the house in which it was born. The certificate shall be delivered to the Commissioner of Health within ten days after the birth, and no other person be entitled to receive the fee hereinafter provided for. Any physician, midwife or other person who shall neglect or refuse to make such certificate, or shall neglect or refuse to deliver the same to the Commissioner of Health within the time specified, or shall refuse to furnish the information required by this section, shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every physician, midwife or other person who shall report a birth to the Commissioner of Health, as required by this section, shall be entitled to receive from the Commissioner of Health, on demand, a fee of fifty cents for each birth so reported, which fee shall be paid out of the City Treasury; provided, however, that no fee shall be paid for the report of the birth of any child born in any public institution of the City of Baltimore, or in any private institution receiving aid from the City of Baltimore, or in any institution under the control of the Board of Commissioners of Public Charities and Reformation, or in any institution under the control of the Board of Directors of the Almshouse. Any person who shall violate any of the provisions of this section shall be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 75938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 2. 1896
4. Place of Birth, (Street and Number) 1102 E. Eighteenth Place
5. Full Name of Mother, Emma B. Kapp
6. Mother's Maiden Name, " " Faust
7. Mother's Birthplace, Charleston, S.C.
8. Full Name of Father, Edwin Victor Kapp
9. Father's Occupation, Baggage Master
10. Father's Birthplace, Pittsburg, Pa.

Name of Medical Attendant, or other person who makes this Return. Geo. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

+ 8 9 6 U 0 0 3 3 4 7

month, and $5.00 for each subsequent month, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 75939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, July 11 th 1896

4. Place of Birth, (Street and Number) 613 N. Bradford St. Baltimore Md

5. Full Name of Mother, annie M. Harrison

6. Mother's Maiden Name, annie M. Smith

7. Mother's Birthplace, Baltimore county

8. Full Name of Father, Stephen J. Harrison

9. Father's Occupation, Seamman

10. Father's Birthplace, Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary J. Corsey

Address, 607 Bradford Street

Remarks, Mrs Mary J Corsey J

ascertained the [illegible] and the said schedule [illegible] the Office of the Commissioner of Health; [illegible]
parents, the date and place of birth, and [illegible] every month to the Office of the Commissioner [illegible] should no other person
certificate between the first and third day of each and every month, or practitioner of midwifery, or should no such child to
birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or parents of such child to
be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such person
report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

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[illegible]n Murphy & Co., City Printors and Stationers.

RETURN OF A BIRTH. 75940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether mate or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13. 1896
4. Place of Birth, (Street and Number) 1612 N. Wolfe St.
5. Full Name of Mother, Ella Virginia Belgian
6. Mother's Maiden Name, " " Bisco
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Howard G. Belgian
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo. A. Hartman M.D.

Address, 1121 N. Carlin St.

Remarks,

B 4 6 U 0 0 3 3 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and also the full name and occupation of the father of such child. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents of such child shall within ten days after the birth thereof, make the return required by this section. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at the birth of her child, the parent or parents of such child shall within ten days after the birth thereof, make the return required by this section. In case the birth of any child shall occur without the attendance of a physician or midwife, and within the first ten days after the birth of such child neither parent is able to make the return required by this section, the occupant of the house in which the birth occurred shall be required to make such return. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 13. 1896
4. Place of Birth, (Street and Number)	109 N. Eden St.
5. Full Name of Mother,	Mary Eliz. H. Harris
6. Mother's Maiden Name,	" " Busick
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Wesley Harris
9. Father's Occupation,	Brick Layer
10. Father's Birthplace,	Balt.
Name of Medical Attendant, or other person who makes this Return.	Geo. A. Hartman M.D.
Address,	1121 N. Caroline St.
Remarks,	

8960003350

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month, and shall set forth the full name and occupation of the father of such child (if known), its sex, color, the date and place of birth, and such other information as may be required by the regulations of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the parents of such child fail to report the birth as herein required, the mother shall, within the period above required, and in case of her inability to do so, the person having charge of her during her confinement, shall report the birth to the Commissioner of Health, in the manner prescribed by the provisions of this section. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 14. 1896

4. Place of Birth, (Street and Number) 2707 Baltimore Harris I Rogers

5. Full Name of Mother, " " Wilcox

6. Mother's Maiden Name, Baltimore Md.

7. Mother's Birthplace, Edward C. Rogers

8. Full Name of Father, Clerk

9. Father's Occupation, Baltimore

10. Father's Birthplace, Geo A Hartman M.D.

Name of Medical Attendant, or other person who makes this Return, 1121 Eutaw St.

Address,

Remarks,

8960003351

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...month, and shall set forth as far as ... and occupation of the parents of a certificate between ... of any child ... shall be ... color, the full name and ... by the practitioner in the case of ... In case the birth ... other person be in ... been conferred, duly ... office of the Commissioner of ... midwifery, or about ... or parents of such ... still ... day of each and every month ... a physician or midwife ... shall become the duty of the person above required, and ... shall occur without the ... immediately thereafter, in the manner and with the provisions of this section. Any ... attendance upon ... birth to the Commissioner of Health, as aforesaid, who shall hereafter fail to comply with the provisions of this section, shall be ... child ... person or persons, who ... for each offence, to be recovered as other fines and forfeitures are recoverable. ... jected to the fine of ten (10) dollars

RETURN OF A BIRTH. 75943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 16. 1896
4. *Place of Birth, (Street and Number)*	1635 Ashland Ave.
5. *Full Name of Mother,*	Mary Elizabeth Kragle
6. *Mother's Maiden Name,*	" " Schirmeyer
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	James Horace Kragle
9. *Father's Occupation,*	Tinsmith Sheet Iron Worker
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Geo. A. Hartman M.D.
Address,	1121 N. Carrollton St.
Remarks,	

1 8460003352

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Every child born within the limits of Baltimore City shall be registered within ten days after birth, and it shall be the duty of the attending physician or midwife, or in case there is no physician or midwife in attendance, then of the father or mother of such child, or the householder or owner of the premises where such child is born, to report the birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 75944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 19. 1896
4. Place of Birth, (Street and Number)	1323 N Central Ave.
5. Full Name of Mother,	Mary Jane Leary
6. Mother's Maiden Name,	" " Wiley
7. Mother's Birthplace.	York Co. Penn.
8. Full Name of Father,	Rev. R. Leary
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Geo. A. Hartman M.D.
Address,	1121 N Caroline St.
Remarks,	

1-8960003353

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month, and shall set forth as far as practicable the same facts and description required in the form of a certificate relative to any child born alive. Any midwife or physician or practitioner who shall neglect or refuse to make such return within the time aforesaid, shall be delivered, only the midwife of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no return be made by the third day after the birth, it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter, to make such return in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-11-51

RETURN OF A BIRTH. 75945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Emory Crout

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23. 1896.
4. Place of Birth, (Street and Number) 111 E. 24th st.
5. Full Name of Mother, Agnes H. Crout
6. Mother's Maiden Name, " " Ellinger
7. Mother's Birthplace, Annapolis, Md.
8. Full Name of Father, William E. Crout
9. Father's Occupation, Grocery Provision Dealer
10. Father's Birthplace, Reisterstown, Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1151 N. Carolina St.

Remarks,

18960003354

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...month, and shall set forth in a ... the full name and occupation of ... been confer(red) its sex, color, the full name and occupation of ... said act(e)ing he shall be delivered, duly signed by the practitioner in the form of a certificate, ... said blank with the name of the mother, if living, or if dead, no other person be in attendance upon the mother, immediately thereafter fill up the blank and deliver the same to the person ... child to report its birth to the Commissioner of Health, in the manner and within the time ... Commissioner of Health, in the manner and within the time ... each person or persons who shall hereafter fail to comply with the provisions of this section shall be ... fined to the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23. 1896
4. Place of Birth, (Street and Number) 26 Jackson St. Annex (Hampstead)
5. Full Name of Mother, Sarah Willis Cross
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Balt. City
8. Full Name of Father, C. Louis Cross
9. Father's Occupation, Clerk
10. Father's Birthplace, Germantown Balt. Co.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 McCartin St.

Remarks,

... month, and shall set forth as far as ... been conferred) its sex, color, the full name and occupation of ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 75947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 1st 1896.

4. Place of Birth, (Street and Number) 957 N. Gay St

5. Full Name of Mother, Barbara Blum

6. Mother's Maiden Name, Stirtlier

7. Mother's Birthplace, Va. Alto County

8. Full Name of Father, Peter Blum

9. Father's Occupation Saloon Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S. H. Seldner M. D.

Address, 1501 E Eager St

Remarks,

B 7 6 0 0 0 3 3 5 6

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been conferred) its sex. Should the birth have occurred without the presence of a physician or practitioner in the form of a Caesarean or other operation, the fact shall be reported to the Commissioner of Health. In case the birth of any child shall occur upon the premises of a physician or practitioner of midwifery, or shall be attended by any person other than the parents of such child, such physician or practitioner of midwifery, or such other person, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 23rd 1896.

4. Place of Birth, (Street and Number) 1506 N Holl St

5. Full Name of Mother, Philopena Seiler

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Seiler

9. Father's Occupation Saloonkeeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S. H. Selgner M. D.

Address, 1501 E Eager St

Remarks,

1 8 4 6 U 0 3 3 5 7

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RETURN OF A BIRTH. 75949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4th 1896.
4. Place of Birth, (Street and Number) 812 N Carey St
5. Full Name of Mother, Wilhelmina A Honig
6. Mother's Maiden Name, Romer
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Mat Honig
9. Father's Occupation Salesman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return J. H Selgus M. D.

Address, 1501 E Eager St

Remarks,

8 4 6 0 0 9 3 3 5 8

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RETURN OF A BIRTH. 75950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 5th 1896

4. Place of Birth, (Street and Number) 1630 E Washington St

5. Full Name of Mother, Dina V. Bruggemann

6. Mother's Maiden Name, Kiederthreiter

7. Mother's Birthplace, Galtz

8. Full Name of Father, August V. Bruggemann

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S. W. Selzner M. D.

Address, 1501 E Eager St

Remarks,

1896 U 883359

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Sec. 2 edicts that be delivered, &c. at the office of the Commissioner, &c. or should no one of the persons named as aforesaid reside in the house at the time of the birth, then the physician or practioner of midwifery, &c. of the person or parents of such child shall deliver, &c. a certificate of such birth, &c. Sec. 3 edicts that the certificate aforesaid shall be delivered, &c. within the period above recited, and shall state the name, residence and occupation of the parents, the sex, color, date and place of birth of the child, and whether it be the first, second or other child born of the mother, and if any stillborn children, the number of such stillborn children; and if the certificate aforesaid be not delivered, &c. within the period above recited, the person or persons who shall have charge of the attendance upon the mother, shall be liable to a penalty of ten dollars, to be recovered, &c. Sec. 4 edicts that the Commissioner of Health, &c. shall furnish, &c. to the physician or midwife in attendance upon the mother, a blank form of certificate of birth, &c. and shall require the said physician or midwife to report, &c. to the Commissioner of Health, &c. the birth of every child born, which said physician or midwife shall have attended, and shall comply with the provisions of the second section of this ordinance, and any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, Carrie Rash
6. Mother's Maiden Name, " " Roads
7. Mother's Birthplace, [illegible]
8. Full Name of Father, George Rash
9. Father's Occupation, Brewer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Brun[illegible]

Address, [illegible]

Remarks, [illegible]

[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

...uced in the sex, color, the full name and occupation of its parents, of certificate between the first and ...been conferred. If no child be delivered, duly signed by the practitioner in the form of ... in case the birth of any child ...third day of each and every month to the office of the Commissioner of Health, or should no other person be in ...shall occur without the attendance of a physician or midwife, or should the person or persons required to ...attendance upon the mother, report the birth to the Commissioner of Health, in the manner and within the time ...child to report, as herein required, it shall become the duty of the person or persons who shall be present at ...any other person or persons who shall hereafter fail to comply with the provisions of this section, shall be sub...ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 1st 1896
4. Place of Birth, (Street and Number) 1127 Sharp st.
5. Full Name of Mother, Laura Krause
6. Mother's Maiden Name, Jack
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Kaiser
9. Father's Occupation Workman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Schwartz

Address, 734 E. Fort Ave

Remarks,

8960003361

This Form is to be filled out by the Physician or Midwife in attendance, and sent every month to the office of the Commissioner of Health. If there be no attendant, then the Father or Mother, or in case of the absence or inability of both Father and Mother, the householder in which the birth occurs, shall report the same within ten days after the birth. If the birth occurs in a hospital, asylum, or other institution, the Superintendent or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a boarding house, the keeper thereof shall report the same within ten days after the birth. If the birth occurs in a tenement house, the agent or owner shall report the same within ten days after the birth. If the birth occurs in a hotel, the proprietor or manager shall report the same within ten days after the birth. If the birth occurs in a public conveyance, the conductor or driver shall report the same within ten days after the birth. If the birth occurs in a private house, the householder shall report the same within ten days after the birth. If the birth occurs in a public building, the superintendent or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a church, the pastor or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a school, the principal or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a factory, the superintendent or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a mine, the superintendent or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a railroad car, the conductor or driver shall report the same within ten days after the birth. If the birth occurs in a steamboat, the captain or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a vessel, the captain or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a boat, the captain or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a canal boat, the captain or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a barge, the captain or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a tug, the captain or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a ferry, the captain or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a bridge, the toll collector or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a tunnel, the toll collector or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a wharf, the wharfinger or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a dock, the dockmaster or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a pier, the pierhead or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a bulkhead, the bulkhead or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a seawall, the seawall or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a jetty, the jetty or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a breakwater, the breakwater or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a lighthouse, the lighthouse keeper or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a buoy, the buoy or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a beacon, the beacon or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a monument, the monument or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a statue, the statue or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a fountain, the fountain or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a park, the park or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a square, the square or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a street, the street or other officer in charge shall report the same within ten days after the birth. If the birth occurs in an alley, the alley or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a court, the court or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a place, the place or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a road, the road or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a lane, the lane or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a terrace, the terrace or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a circle, the circle or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a crescent, the crescent or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a boulevard, the boulevard or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a drive, the drive or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a way, the way or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a walk, the walk or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a path, the path or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a trail, the trail or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a bridle path, the bridle path or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a footpath, the footpath or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a sidewalk, the sidewalk or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a curb, the curb or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a gutter, the gutter or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a sewer, the sewer or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a drain, the drain or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a culvert, the culvert or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a tunnel, the tunnel or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a subway, the subway or other officer in charge shall report the same within ten days after the birth. If the birth occurs in an elevated railroad, the elevated railroad or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a surface railroad, the surface railroad or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a horse railroad, the horse railroad or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a cable railroad, the cable railroad or other officer in charge shall report the same within ten days after the birth. If the birth occurs in an electric railroad, the electric railroad or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a steam railroad, the steam railroad or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a canal, the canal or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a river, the river or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a lake, the lake or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a pond, the pond or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a creek, the creek or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a bay, the bay or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a harbor, the harbor or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a sound, the sound or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a strait, the strait or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a channel, the channel or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a gulf, the gulf or other officer in charge shall report the same within ten days after the birth. If the birth occurs in an ocean, the ocean or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a sea, the sea or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a continent, the continent or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a country, the country or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a state, the state or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a county, the county or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a city, the city or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a town, the town or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a village, the village or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a hamlet, the hamlet or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a township, the township or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a ward, the ward or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a precinct, the precinct or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a district, the district or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a section, the section or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a block, the block or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a lot, the lot or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a house, the house or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a flat, the flat or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a room, the room or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a basement, the basement or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a cellar, the cellar or other officer in charge shall report the same within ten days after the birth. If the birth occurs in an attic, the attic or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a garret, the garret or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a loft, the loft or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a shed, the shed or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a barn, the barn or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a stable, the stable or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a garage, the garage or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a carriage house, the carriage house or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a coach house, the coach house or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a kennel, the kennel or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a pigeon house, the pigeon house or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a chicken house, the chicken house or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a duck house, the duck house or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a goose house, the goose house or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a turkey house, the turkey house or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a pig pen, the pig pen or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a cow shed, the cow shed or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a sheep fold, the sheep fold or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a goat pen, the goat pen or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a horse stall, the horse stall or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a mule stall, the mule stall or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a donkey stall, the donkey stall or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a camel stall, the camel stall or other officer in charge shall report the same within ten days after the birth. If the birth occurs in an elephant stall, the elephant stall or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a lion cage, the lion cage or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a tiger cage, the tiger cage or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a bear pit, the bear pit or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a monkey house, the monkey house or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a reptile house, the reptile house or other officer in charge shall report the same within ten days after the birth. If the birth occurs in an aquarium, the aquarium or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a museum, the museum or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a library, the library or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a theater, the theater or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a concert hall, the concert hall or other officer in charge shall report the same within ten days after the birth. If the birth occurs in an opera house, the opera house or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a music hall, the music hall or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a dance hall, the dance hall or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a skating rink, the skating rink or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a bowling alley, the bowling alley or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a billiard room, the billiard room or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a pool room, the pool room or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a gymnasium, the gymnasium or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a swimming pool, the swimming pool or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a bathhouse, the bathhouse or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a barber shop, the barber shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a beauty parlor, the beauty parlor or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a laundry, the laundry or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a dry cleaning establishment, the dry cleaning establishment or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a tailor shop, the tailor shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a shoemaker shop, the shoemaker shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a hatter shop, the hatter shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a furrier shop, the furrier shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a jeweler shop, the jeweler shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a watchmaker shop, the watchmaker shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a silversmith shop, the silversmith shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a goldsmith shop, the goldsmith shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a blacksmith shop, the blacksmith shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a whitesmith shop, the whitesmith shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a tinsmith shop, the tinsmith shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a coppersmith shop, the coppersmith shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a brassfounder shop, the brassfounder shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in an ironfounder shop, the ironfounder shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a steelmaker shop, the steelmaker shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a machinist shop, the machinist shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a carpenter shop, the carpenter shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a cabinetmaker shop, the cabinetmaker shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a wheelwright shop, the wheelwright shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a coachmaker shop, the coachmaker shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a harnessmaker shop, the harnessmaker shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a saddler shop, the saddler shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a upholsterer shop, the upholsterer shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a painter shop, the painter shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a glazier shop, the glazier shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a plasterer shop, the plasterer shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a bricklayer shop, the bricklayer shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a stonemason shop, the stonemason shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a roofer shop, the roofer shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a plumber shop, the plumber shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a gasfitter shop, the gasfitter shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a steamfitter shop, the steamfitter shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a electrician shop, the electrician shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a telephone shop, the telephone shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a telegraph shop, the telegraph shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a radio shop, the radio shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a television shop, the television shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a phonograph shop, the phonograph shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a piano shop, the piano shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a organ shop, the organ shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a violin shop, the violin shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a guitar shop, the guitar shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a banjo shop, the banjo shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a mandolin shop, the mandolin shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a harp shop, the harp shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a drum shop, the drum shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a cymbal shop, the cymbal shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a trumpet shop, the trumpet shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a cornet shop, the cornet shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a trombone shop, the trombone shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a tuba shop, the tuba shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a saxophone shop, the saxophone shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a clarinet shop, the clarinet shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a flute shop, the flute shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a oboe shop, the oboe shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a bassoon shop, the bassoon shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a piccolo shop, the piccolo shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a harmonica shop, the harmonica shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a accordion shop, the accordion shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a concertina shop, the concertina shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a bagpipe shop, the bagpipe shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a whistle shop, the whistle shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a rattle shop, the rattle shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a bell shop, the bell shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a gong shop, the gong shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a xylophone shop, the xylophone shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a marimba shop, the marimba shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a vibraphone shop, the vibraphone shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a celesta shop, the celesta shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a glockenspiel shop, the glockenspiel shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a chimes shop, the chimes shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a tubular bells shop, the tubular bells shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a timpani shop, the timpani shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a snare drum shop, the snare drum shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a bass drum shop, the bass drum shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a tambourine shop, the tambourine shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a castanets shop, the castanets shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a triangle shop, the triangle shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a cymbals shop, the cymbals shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a gong shop, the gong shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a tam-tam shop, the tam-tam shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a maracas shop, the maracas shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a claves shop, the claves shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a woodblock shop, the woodblock shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a temple blocks shop, the temple blocks shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a cowbell shop, the cowbell shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a vibraslap shop, the vibraslap shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a ratchet shop, the ratchet shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a sleighbells shop, the sleighbells shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a anvil shop, the anvil shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a metal plate shop, the metal plate shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a glass harmonica shop, the glass harmonica shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a musical saw shop, the musical saw shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a theremin shop, the theremin shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a ondes martenot shop, the ondes martenot shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a electronic organ shop, the electronic organ shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a synthesizer shop, the synthesizer shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a computer shop, the computer shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a robot shop, the robot shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a spaceship shop, the spaceship shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a rocket shop, the rocket shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a satellite shop, the satellite shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a moon shop, the moon shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a sun shop, the sun shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a star shop, the star shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a planet shop, the planet shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a comet shop, the comet shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a meteor shop, the meteor shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a asteroid shop, the asteroid shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a galaxy shop, the galaxy shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a universe shop, the universe shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a infinity shop, the infinity shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a eternity shop, the eternity shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a nothingness shop, the nothingness shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a void shop, the void shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a abyss shop, the abyss shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a chaos shop, the chaos shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a darkness shop, the darkness shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a light shop, the light shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a life shop, the life shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a death shop, the death shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a resurrection shop, the resurrection shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a heaven shop, the heaven shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a hell shop, the hell shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a purgatory shop, the purgatory shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a limbo shop, the limbo shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a paradise shop, the paradise shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a utopia shop, the utopia shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a dystopia shop, the dystopia shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a nirvana shop, the nirvana shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a samsara shop, the samsara shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a karma shop, the karma shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a dharma shop, the dharma shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a moksha shop, the moksha shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a reincarnation shop, the reincarnation shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a transmigration shop, the transmigration shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a metempsychosis shop, the metempsychosis shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a soul shop, the soul shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a spirit shop, the spirit shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a ghost shop, the ghost shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a phantom shop, the phantom shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a specter shop, the specter shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a apparition shop, the apparition shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a vision shop, the vision shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a dream shop, the dream shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a nightmare shop, the nightmare shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a hallucination shop, the hallucination shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a illusion shop, the illusion shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a delusion shop, the delusion shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a fantasy shop, the fantasy shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a imagination shop, the imagination shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a creativity shop, the creativity shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a genius shop, the genius shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a talent shop, the talent shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a skill shop, the skill shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a ability shop, the ability shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a capacity shop, the capacity shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a potential shop, the potential shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a power shop, the power shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a energy shop, the energy shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a force shop, the force shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a motion shop, the motion shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a speed shop, the speed shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a velocity shop, the velocity shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a acceleration shop, the acceleration shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a deceleration shop, the deceleration shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a inertia shop, the inertia shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a momentum shop, the momentum shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a gravity shop, the gravity shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a weightlessness shop, the weightlessness shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a mass shop, the mass shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a weight shop, the weight shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a density shop, the density shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a volume shop, the volume shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a area shop, the area shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a length shop, the length shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a width shop, the width shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a height shop, the height shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a depth shop, the depth shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a distance shop, the distance shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a time shop, the time shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a duration shop, the duration shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a frequency shop, the frequency shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a wavelength shop, the wavelength shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a amplitude shop, the amplitude shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a pitch shop, the pitch shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a tone shop, the tone shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a timbre shop, the timbre shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a harmony shop, the harmony shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a melody shop, the melody shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a rhythm shop, the rhythm shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a meter shop, the meter shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a tempo shop, the tempo shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a dynamics shop, the dynamics shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a articulation shop, the articulation shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a ornamentation shop, the ornamentation shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a texture shop, the texture shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a form shop, the form shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a structure shop, the structure shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a style shop, the style shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a genre shop, the genre shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a period shop, the period shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a era shop, the era shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a epoch shop, the epoch shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a age shop, the age shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a eon shop, the eon shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a millennium shop, the millennium shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a century shop, the century shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a decade shop, the decade shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a year shop, the year shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a month shop, the month shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a week shop, the week shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a day shop, the day shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a hour shop, the hour shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a minute shop, the minute shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a second shop, the second shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a moment shop, the moment shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a instant shop, the instant shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a flash shop, the flash shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a blink shop, the blink shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a wink shop, the wink shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a nod shop, the nod shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a shake shop, the shake shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a tilt shop, the tilt shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a turn shop, the turn shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a roll shop, the roll shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a pitch shop, the pitch shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a yaw shop, the yaw shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a heave shop, the heave shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a surge shop, the surge shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a sway shop, the sway shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a translation shop, the translation shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a rotation shop, the rotation shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a oscillation shop, the oscillation shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a vibration shop, the vibration shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a wave shop, the wave shop or other officer in charge shall report the same within ten days after the birth. If the birth occurs in a ripple shop, the ripple shop or other officer in charge shall report the same within ten days after the birth. If the

RETURN OF A BIRTH. 75953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 1 st 96
4. Place of Birth, (Street and Number) Henrietta st
5. Full Name of Mother, Pauline Bowen
6. Mother's Maiden Name, Pauline Baxter
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Harry Bowen
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, G. H. Hammerbacher Jr

Address, 1034 Lindenhall st.

Remarks,

B 96 0 0 0 3 3 6 2

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said schedule shall be delivered, duly signed by the [illegible] of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance, the mother, immediately after the birth of such child, is required to make the return to the Commissioner of Health as in this manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 1 96
4. Place of Birth, (Street and Number) 1738 E. Chase St
5. Full Name of Mother, Annie R Tapper
6. Mother's Maiden Name, Parsons
7. Mother's Birthplace. Md
8. Full Name of Father, John Tapper
9. Father's Occupation Cigar-maker
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this return. J. B. Schwatka M.D.

Address, 1003 N. Bway

Remarks,

8960033363

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Sec. 7. Certificates of registered, duly signed by the proper officer of Health. In case the birth of any child shall not be registered as aforesaid, the parent, guardian or other person having charge of such child shall, within ten days after the birth of such child, report the birth to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 1. 1896
4. Place of Birth, (Street and Number) Waverly
5. Full Name of Mother, Emma Marton
6. Mother's Maiden Name, Emma Brakhead
7. Mother's Birthplace, Md
8. Full Name of Father, Jno Marton
9. Father's Occupation Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, # 8 Talbot St Waverly Balto City

Remarks, Well

6960003364

Third day of each and every month to the office of the Registrar of Vital Statistics, or should no other person as a child occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of each child to report the birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name- Christian Atlas Ditzel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one. First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st day of August 1896
4. *Place of Birth, (Street and Number)* 1125 Greenmount Avenue
5. *Full Name of Mother,* Edith Estell Ditzel
6. *Mother's Maiden Name,* Edith Estell Allen
7. *Mother's Birthplace.* Waverly Baltimore County
8. *Full Name of Father,* Hardy Ditzel
9. *Father's Occupation* Glassmaker
10. *Father's Birthplace,* Immendressen bei Cassel Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Martha Griffen

Address, 1559 Newington Place

Remarks,

1896000033365

said schedule shall be returned in the office of the Commissioner of Health, signed by the physician or midwife in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 75-957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth,* August 1st
4. *Place of Birth, (Street and Number)* No 627 N Chapel St
5. *Full Name of Mother,* Francis
6. *Mother's Maiden Name,* Schwartz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Phillip Friedl
9. *Father's Occupation* Tobacco
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Alb L Geers

Address, No 1907 E Monument St

Remarks.

6 9 6 0 0 0 3 3 6 6

said schedule shall be delivered, duly filled up, to the office of the Commissioner of Health, within the period above required, and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine or fine (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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[illegible] third day of each and every month to the office of the Commissioner [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 of August 1896.
4. *Place of Birth, (Street and Number)* 133 Ann St.
5. *Full Name of Mother,* Ida Tankersley
6. *Mother's Maiden Name,* Ida Collins
7. *Mother's Birthplace,* Louden County
8. *Full Name of Father,* John Tankersley
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Somerset ~~Tommy~~ County

Name of Medical Attendant, or other person who makes this Return. Mrs Ida Hill

Address, 207 N. Castle St.

Remarks,

1896000 3367

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RETURN OF A BIRTH. 75959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 1
4. Place of Birth, (Street and Number) No 5 Andrew Ave
5. Full Name of Mother, Emma Slater
6. Mother's Maiden Name, Emma Johnson
7. Mother's Birthplace, Virginia
8. Full Name of Father, Martin Slater
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Thos Jones

Address, 644 Fulton St

Remarks,

8 9 6 0 0 0 3 3 6 8

been entered in this office, duly signed by the practitioner in attendance. In case the birth of any child shall not be delivered, duly signed by the practitioner in attendance, at the office of the Commissioner of Health, within said reflective shall be delivered, duly signed by the practitioner in attendance, at the office of the Commissioner of Health, within thirty days after such birth, it shall be the duty of the Registrar of Births, or other person in attendance upon the mother, immediately thereafter to shall become the duty of the person or persons in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter to report such birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 1st 1896
4. Place of Birth, (Street and Number) 546 N. Pendleton St.
5. Full Name of Mother, Louisa L. Mussey
6. Mother's Maiden Name, Louisa L. Parsons
7. Mother's Birthplace, Lancaster Co Pa
8. Full Name of Father, John Mussey
9. Father's Occupation Laborer
10. Father's Birthplace, Lancaster Co Pa

Name of Medical Attendant, or other person who makes this Return, Emelia Johnson

Address, 1024 Park Ave

Remarks,

18960003369

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RETURN OF A BIRTH. 75961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 16
4. Place of Birth, (Street and Number) 1238 E Fayette St
5. Full Name of Mother, Lina Klamanskey
6. Mother's Maiden Name, Lina Winer
7. Mother's Birthplace, Galanyph R
8. Full Name of Father, Davis Klamanskey
9. Father's Occupation, Tailor
10. Father's Birthplace, Linkey R.

Name of Medical Attendant, or other person who makes this Return,

Address, Yetta Klamanskey

Remarks, 1022 E Lombard St

1896000 3370

been conferred [illegible] shall be delivered, duly signed by the practitioner [illegible] of Health. In case the birth of any child occurs where there is no attendance of a physician or practitioner of midwifery, or should the person in attendance upon the mother neglect or refuse to make the return required, the duty of such child to report its birth to the Commissioner of Health is hereby imposed upon the father, and any such person or persons who shall hereafter fail to comply with this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 75962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jewish Race
3. Date of Birth, Aug 1 1896
4. Place of Birth, (Street and Number) 120 Market Space
5. Full Name of Mother, Mrs Sarah Hamburg
6. Mother's Maiden Name, Abelinger
7. Mother's Birthplace, Russia
8. Full Name of Father, Henry Hamburg
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Ira Rehrmeister

Address, Not known as going around

Remarks, but believe called once

Res 1117 Harrison st. cor. Lexington st.

8960003371

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75-963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) Girl
3. Date of Birth, 1 August
4. Place of Birth, (Street and Number) 710 Register Ste.
5. Full Name of Mother, Lena Sos
6. Mother's Maiden Name, Rosa
7. Mother's Birthplace, Europe
8. Full Name of Father, Joseph Sos
9. Father's Occupation Work-man
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return
Address, 838 S. Bond Ste.
Remarks, Mary Brett
Baltimore Md

1896 U 003372

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RETURN OF A BIRTH. 75964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frances Stanislawski

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 August 1896
4. Place of Birth, (Street and Number) 103 S Wolff Ste. 103
5. Full Name of Mother, Michalina (Stanislawska) Stanislawski
6. Mother's Maiden Name, Matasaka
7. Mother's Birthplace, Pole
8. Full Name of Father, Joseph (Stanislawski) Stanislawski
9. Father's Occupation, Workingman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this return,

Address, 838 S Bond Ste

Remarks, Mary Trott

Baltimore Md.

over

8 9 6 U 0 0 3 3 7 3

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said certificate shall be delivered, duly signed, to the ... of Health, ... days after the birth, and every month to the office of the Commissioner of Health, ... third day of each and every month, a physician or practicioner of midwifery, or ... shall occur without the attendance of a physician or practicioner of midwifery, or ... attendance upon the mother, immediately after the birth, shall become the duty of the person ... report the birth to the Commissioner of Health, ... shall be ... any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75 965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd & 3rd (Twins)

1. Sex, (state whether male or female) Male & Female
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, Aug 25th 61
4. Place of Birth, (Street and Number) Md Gen'l Hosp
5. Full Name of Mother, Louisa Jackson
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

B 9 6 0 0 0 3 3 7 4

said schedule shall be delivered, duly signed, at the office of the Commissioner of Health, in the City of Baltimore, within ten days after the birth of such child, and if any midwife, or other person in attendance upon the mother during her confinement, or any undertaker who shall become the duty of the person or parents of such third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and child, to be delivered, duly signed, at the office of the Commissioner of Health, in the manner and within the period above required, and shall neglect or refuse to comply with the requirements of this section, shall be liable, and may be prosecuted therefor, and on conviction thereof shall be fined for each offence, not less than five dollars nor more than twenty dollars, at the discretion of the Court. All fines and forfeitures under this section shall be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the requirements of this section, shall be liable, and may be prosecuted therefor, and on conviction thereof shall be fined for each offence, not less than five dollars nor more than twenty dollars, at the discretion of the Court. All fines and forfeitures under this section shall be recovered as other fines and forfeitures are recoverable. Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 75966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 1/2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug - 2nd " 1896
4. Place of Birth, (Street and Number) # 1923 White St. City
5. Full Name of Mother, Mary Madeline Hirsch
6. Mother's Maiden Name, " " Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Henry Hirsch
9. Father's Occupation Confectioner
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Susan Thurston

Address, 29 E. Pennsylvania Ave

Remarks,

18960 03375

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Sec. 3. Be it further enacted, That a certificate shall be delivered, duly signed by the Commissioner of Health, or by such person as he may designate, to the parent or parents of every child born within the limits of Baltimore City, at the time of making the first entry of such birth in the office of the Registrar of Vital Statistics, which certificate shall be a sufficient authority for the burial of such child, and no other certificate shall be required by any undertaker or sexton for the burial of any such child; and it shall be the duty of the undertaker or sexton having charge of the burial of any such child to deliver such certificate to the person in charge of the cemetery or burial ground in which such child is buried, and such person shall preserve such certificate and report the same to the Commissioner of Health, in the manner and within the period of time required by the rules and regulations of the Board of Health; and any such person who shall neglect or refuse to comply with the provisions of this section shall be guilty of a misdemeanor, and shall be subject to a fine of not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday August 2nd 1896
4. *Place of Birth, (Street and Number)* 15 N Broadway St
5. *Full Name of Mother* Annie Laurie Hamilton
6. *Mother's Maiden Name,* Annie Laurie Schaefer
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Walter Bryan Hamilton
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Carson Lipscomb

Address, 224 N. Pompeston

Remarks,

8960003376

said schedule shall be delivered, duly filled up, to the office of the Commissioner of Health within the first day of each and every month to the office of the Commissioner of Health, and a failure to do so shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the Mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	August 2/96
4. *Place of Birth, (Street and Number)*	717 Hanover St
5. *Full Name of Mother*	Katie M. Hauf
6. *Mother's Maiden Name*	Katie M. Boyden
7. *Mother's Birthplace*	Balto City
8. *Full Name of Father*	Albert J. Hauf Cooper
9. *Father's Occupation*	Balto City
10. *Father's Birthplace*	E. Michenor M.D.
Name of Medical Attendant, or other person who makes this Return.	411 S. Sharp St
Address	
Remarks	

84600803377

Wm. J. C. Dulany Co., City Printers and Stationers.

This Return must be made every month to the office of the Commissioner, under oath, or affirmation, by the physician or midwife in attendance upon the birth, or by the householder, or other person having charge of the house in which the birth occurs, or by the undertaker employed to bury the child, if there be no attendance upon the birth, and within the period above required. And it shall be the duty of each and every person who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered ... to the office of the Commissioner of Health ... third day of each and every month to the office of the Commissioner ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 2. 96
4. *Place of Birth, (Street and Number)* 1252 Jackson St
5. *Full Name of Mother,* Ella Emerine
6. *Mother's Maiden Name,* " Emeric
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Jacob Emerine
9. *Father's Occupation,* ————
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, E. C. Peterson M.D.

Address, 1053 S. Broadway

Remarks,

896000003378

Wm J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-26-54

RETURN OF A BIRTH. 75970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Douglas Warner	7th
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Aug 2 '96
4. Place of Birth, (Street and Number)	1908 Madison Ave
5. Full Name of Mother,	Mittie Warner
6. Mother's Maiden Name,	Ford
7. Mother's Birthplace,	Balto
8. Full Name of Father,	O. F. Warner
9. Father's Occupation	Merchant
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	H. M. Wilson
Address.	1908 Madison Ave
Remarks.	

1896 0 0 3 3 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

FILM KODAK T

RETURN OF A BIRTH. 75971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 2nd 1896
4. Place of Birth, (Street and Number) No 27 E. Hamburg St.
5. Full Name of Mother, Margaret A. Shelton,
6. Mother's Maiden Name, " A. Green
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William H. Shelton
9. Father's Occupation, Salesman
10. Father's Birthplace, Springfield Ill.

Name of Medical Attendant, or other person who makes this Return, Maggie A. Wilkinson

Address, No 14 W. Cross St.

Remarks,

8960003380

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 2nd 196
4. Place of Birth, (Street and Number) 2513 Fairmount ave Balto Md
5. Full Name of Mother, Ella I. Burke
6. Mother's Maiden Name, Ella I. Jones
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wm H. Burke
9. Father's Occupation Laborer
10. Father's Birthplace, Somerset County Md

Name of Medical Attendant, or other person who makes this Return, Jas. E. Gaudine M.D

Address, 1428 N. Eden st

Remarks,

[redacted] 0338

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 2 1896
4. Place of Birth, (Street and Number) 335 S Chester
5. Full Name of Mother, Emma Louise Love
6. Mother's Maiden Name, " " McCormick
7. Mother's Birthplace, New York
8. Full Name of Father, James B Love
9. Father's Occupation Clerk B&O.R.R.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J T Spickard MD

Address. 1411 Patterson Pk Ave

Remarks,

8960003382

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred by law, or may hereafter be directed by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in charge of such child to report the same to the Registrar of Vital Statistics, as above required, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or fine (by) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 2 06
4. Place of Birth, (Street and Number) 142 N Exeter St
5. Full Name of Mother, Bessie Scarmi
6. Mother's Maiden Name, Bessie Scarmin
7. Mother's Birthplace, Ger
8. Full Name of Father, Jos Scarmi
9. Father's Occupation, Tailor
10. Father's Birthplace, Ger

Name of Medical Attendant, or other person who makes this Return,

Address, Jos C Hamaty 1022

Remarks, E Lombard St

1 8 9 6 0 0 0 3 3 8 3

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, August 2, '96
4. Place of Birth, (Street and Number) 24 Betsey Ann
5. Full Name of Mother, Maria Bennett
6. Mother's Maiden Name, Peterseng
7. Mother's Birthplace, Germany
8. Full Name of Father, Richard Bennett
9. Father's Occupation Bay Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1625 Hartford St

Remarks.

1896U003384

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, etc., shall be furnished by the practitioner in the birth certificate. In case the birth of any child shall not be delivered, duly signed by the physician or midwife in attendance, or should no other person be in said city of which the duty of the physician or midwife to report such birth shall have ceased, then it shall be the duty of the person or parent in the house where such birth shall occur without the attendance of a physician or midwife, to report such birth, and the person so required, and shall report the same immediately thereafter, in the manner and within the periods above mentioned, and in the absence of such attendance upon the birth to the Commissioner of Health to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence. To be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) caucasian
3. Date of Birth. 309. Forest St. Baltimore Md
4. Place of Birth. (Street and Number) Aug. 2nd 1896
5. Full Name of Mother, Margaretha Schmid
6. Mother's Maiden Name, Fr. Betsch
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Schmid
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Hiland M.D.

Address, 251 Wrekin Ave

Remarks,

B 4 6 0 0 0 3 3 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife or person acting as midwife, or should no other person be in attendance, the father or mother of any child born alive, shall, within the first day of each and every month to the office of the Registrar of Vital Statistics, or to such person as may be appointed by the Board of Health to receive such returns, make a return of each and every birth which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of such midwife, father or mother, as the case may be, in like manner and within the period above required, and each and every person required to report the birth to the Registrar shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 15977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 2 1908
4. Place of Birth, (Street and Number) 208 Eastman St Apt
5. Full Name of Mother, Mayer Linder
6. Mother's Maiden Name, Ella Weigand
7. Mother's Birthplace, Germany
8. Full Name of Father, Andy Linder
9. Father's Occupation Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

8460-03386

Wm. J. C. Dulany Co., City Printers and Stationers.

The Law requires that a return of every birth shall be made to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, and every midwife, physician or practitioner of midwifery, or other person who shall attend upon the mother, immediately thereafter, in the manner and within the period above specified, shall be authorized to report the birth to the Commissioner of Health, and it shall be the duty of the person or parents of said child to report the same, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	color
3. *Date of Birth,*	Sunday 2 of August
4. *Place of Birth, (Street and Number)*	South dallas st 224
5. *Full Name of Mother,*	Matha Barby
6. *Mother's Maiden Name,*	Matha King
7. *Mother's Birthplace,*	King George county Va
8. *Full Name of Father,*	Tommy Barby
9. *Father's Occupation*	labry
10. *Father's Birthplace,*	virginia
Name of Medical Attendant, or other person who makes this Return,	Clara Patison
Address,	623 N dallas
Remarks,	doing well

8466003387

said physician or midwife shall report to the Commissioner of Health, on or before the third day of each and every month to the office of the Commissioner of Health, or about 10 days after the birth of each child born during the month preceding, the number of births which shall occur without the attendance of a physician or practicer of midwifery, or about 10 days after the birth of such child, upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) = 6th child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8-3-96
4. Place of Birth, (Street and Number) 1225 Guy St
5. Full Name of Mother, Molly O Koehler
6. Mother's Maiden Name, Rea Schubert
7. Mother's Birthplace, Baltimore Eastern Shore Md
8. Full Name of Father, Gustav Koehler
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M.D.

Address, The Johns Hopkins Hospital

Remarks,

1896000033888

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RETURN OF A BIRTH. 75980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 3rd 96
4. Place of Birth, (Street and Number) 2538 E. Balto. Ave
5. Full Name of Mother, Mary Gutbrlett
6. Mother's Maiden Name, " Dunn
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Chas Gutbrlett
9. Father's Occupation Saloon keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, L. F. Frey M.D.

Address, 2470 Druid Hill Ave

Remarks,

1896U003389

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not~~ of the white race)
3. Date of Birth, Aug 3rd 1896.
4. Place of Birth, (Street and Number) 1510 Bolton St
5. Full Name of Mother, Ida Ephenheim
6. Mother's Maiden Name, Nunes
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Edw. Ephenheim.
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Edward P. Rice M.D.

Address, 1012 Madison Ave.

Remarks.

1896 0003390

third day of each and every month to the office of the Commissioner of Health, and shall not other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, within the period above mentioned, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 75982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 August
4. Place of Birth, (Street and Number) 816 S Broadway
5. Full Name of Mother, Rosa Adamovic
6. Mother's Maiden Name, Teselevskia
7. Mother's Birthplace, Pole
8. Full Name of Father, Henry Adamovic
9. Father's Occupation Worksman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return,

Address, S. Broad Str 838

Remarks, Mary Brett

Baltimore Maryland

1846000339 1

Said Return to be made in every month to the office of the Commissioner of Health, or shall be made by some other person to be appointed by the Commissioner, and shall be made within the third day of each and every month; and the name, residence and occupation of the person making such return, and the time when and the place where each birth occurred, shall be stated in such return. If any birth shall occur without the knowledge of a physician or practitioner of midwifery, or of the parent or parents of such child, then the mother, immediately thereafter, if able, and if not able, then the nurse shall within the period above required, and the father or parent of such child, if able, shall report its birth to the Commissioner of Health, and shall comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 75983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sunday July 4th 1897

4. Place of Birth, (Street and Number) Baltimore Co. near 117 Edith Walworth

5. Full Name of Mother, Edith Walworth Smith

6. Mother's Maiden Name, Hutchinson

7. Mother's Birthplace, Baltimore Co. Md.

8. Full Name of Father, Walworth

9. Father's Occupation Machinist

10. Father's Birthplace Baltimore Co. Md.

Name of Medical Attendant or other person who makes this Return, Mrs. Edith Walworth

Address, Govans P.O. Baltimore Co. Md.

Remarks: Good

Recorded Aug 15/97

8960003392

Wm. J. C. Dulany Co., City Printers and Stationers.

said child is born, to the Registrar of the City of Baltimore, which no other person be required to report. The Physician or practioner of midwifery, or should no other person be in attendance, the parent or parents of such child, or the householder in whose house such child is born, shall report the same within the period above required, and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, the parent or parents of such child, or the householder in whose house such child is born, shall report the same within the period above required, and circumstances upon the blanks furnished by the Commissioner of Health, in the manner and within the time specified. It shall be the duty of the Commissioner of Health, in the case of any person who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 4th 1896.
4. Place of Birth, (Street and Number) 1003 Madison St.
5. Full Name of Mother, Pauline Becker.
6. Mother's Maiden Name, Pauline Roemer.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Carl Peter William Becker
9. Father's Occupation. Tinner.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. Anna Lenz. midwife.

Address, 1539. Alice Anna Street.

Remarks,

I 8 9 6 U 0 0 3 3 9 3

said offense; and the information to be given to the office of the Commissioner of Health, or should no birth be reported within the time above specified, the Registrar shall cause the same to be reported to the Commissioner of Health, who shall forthwith cause a suit to be instituted against the person or persons who shall refuse or fail to comply with the provisions of this law, and shall recover the penalty such person or persons who shall refuse or fail to comply with the provisions of this law are liable to be subjected to, to be recovered as other fines and forfeitures are recoverable.

The third day of each and every month to be the duty of the physician or practitioner of midwifery, or should no such physician or practitioner be in attendance, then the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the latter, immediately thereafter if it shall happen in the absence of the latter, and within the same time, the duty of the person in attendance upon the mother at the time of birth to report the same to the Registrar of Vital Statistics, and

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RETURN OF A BIRTH. 75985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, august. 4. 1896
4. Place of Birth, (Street and Number) 2nd St 15. 21
5. Full Name of Mother, anne Cary
6. Mother's Maiden Name, anne Kirby
7. Mother's Birthplace, baltimore
8. Full Name of Father, eddey Carey
9. Father's Occupation, Boss retenner
10. Father's Birthplace, baltimore

Name of Medical Attendant, or other person who makes this Return, Margaret A. Lambert

Address, Wilkin St 10.4

Remarks, mother and baby D well

+ 6 4 6 U 0 0 3 3 9 4

third day of each and every month to the [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or such [illegible] child to report its birth to the Commissioner of Health, as aforesaid, within the period above required, and any such person or persons who shall hereafter fail, neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as in other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered to the office of the Commissioner of Health, in the manner and within the period above provided, and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above provided, and attendance on such birth to the Commissioner of Health, in the manner and within the period above provided, and child to report such birth to the Commissioner of Health, in the manner and within the period above provided, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Aug 4th 1896
4. *Place of Birth, (Street and Number)*	#320 E Patrick St
5. *Full Name of Mother,*	Mrs. Maarie Schoenfelder
6. *Mother's Maiden Name,*	Maise " Fangerhan
7. *Mother's Birthplace,*	Oldberg Germany
8. *Full Name of Father,*	Oswald Schoenfelder
9. *Father's Occupation*	Schoemaker
10. *Father's Birthplace,*	Saxon Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	#2008 Mc Henry St
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

8960 03395

RETURN OF A BIRTH 75987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (State whether male or female). Female,
2. Race or color, (if not of the white race) White
3. Date of Birth, 4th of August 1896,
4. Place of Birth, (Street and Number) N. E. corn Fishland av. Dallas st.
5. Full Name of Mother, Anny Hladky
6. Mother's Maiden Name, " Pazourek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Hladky
9. Father's Occupation, Bar. Keeper
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Kate Pazourek

Address, 164 N Hoffman st

Remarks, 8 9 6 U 0 0 3 3 9 6

Each certificate shall be delivered, duly signed by the Commissioner of Health, or should no other person be in attendance at the birth, by the midwife or practitioner of midwifery, to the person or parents of such child, who shall forward the same by mail to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the third day of each and every month; if it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned, and shall neglect or refuse to do so, such person or parents shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 75988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug - 4 - 1896
4. *Place of Birth, (Street and Number)*	44 Walbert Ave.
5. *Full Name of Mother,*	Clara J. Timanus
6. *Mother's Maiden Name,*	" " Martin
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William H. Timanus
9. *Father's Occupation*	House Carpenter
10. *Father's Birthplace,*	Virginia R. G. Rawlein M. D.
Name of Medical Attendant, or other person who makes this Return.	Waverly
Address,	
Remarks.	

1 8 9 6 U 0 0 3 3 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly filled, by the Commissioner of Health, or by some other person be in charge of each and every month to the office or residence of midwifery, or shall cause the person or parents of such child to report the attendance at a birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician, it shall become the duty of the person in charge of such attendance upon the mother, forthwith to notify the Commissioner of Health, in the manner and within the period above required, and to report the facts to the Commissioner of Health, in the manner and within the provisions of this section shall be punished by a fine of not less than five dollars nor more than twenty dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 4, 1896
4. Place of Birth, (Street and Number) 130 Tyson St
5. Full Name of Mother, Ida Gordon
6. Mother's Maiden Name, Ida Williams
7. Mother's Birthplace, Lancaster County Virginia
8. Full Name of Father, Charles Henry Gordon
9. Father's Occupation Steward
10. Father's Birthplace, Northumberland County Virginia

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

| 8 9 6 0 0 0 3 3 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

The Sanitary Code and every month to the office of the Registrar of Births, or shall, by other means, neglect or refuse to make such Return within the time prescribed by this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offence. And any physician or practitioner of midwifery, or other person who shall neglect or refuse to report the birth to the Commissioner of Health, in the manner and within the time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Bertie Irene Bosley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 4, 1896
4. Place of Birth, (Street and Number) 506 McMechen St
5. Full Name of Mother, Fannie Irene Bosley
6. Mother's Maiden Name, " " Byerly
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Harry Walter Bosley
9. Father's Occupation Milkman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, J. L. Hammann

Address, 624 N. Carrollton

Remarks,

8960003399

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the Clerk of the Circuit Court, or should no other birth, or births, have occurred during the month, then a certificate to that effect, and every neglect to make such return as aforesaid, or to give such certificate, for the space of one week after the time hereby limited for the same, and within the period above required, and attendance upon the mother, immediately after the birth, in the manner and within the period above required, and shall report in like manner to the Board of Health, in the manner and within the period above required, and every such neglect or refusal of such persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine or fine (by dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75-991

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 4th 1896
4. *Place of Birth (Street and Number)* 1302 W. Pratt St.
5. *Full Name of Mother* Rachel Magdalene Moulon
6. *Mother's Maiden Name* "Balls"
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Joseph Moulon
9. *Father's Occupation* Capt
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. J. D. Bosley

Address 1214 Eutaw Ave

Remarks

1896 0003400

RETURN OF A BIRTH. 75992

GIVEN NAME ADDED 2-2663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruth Freeland

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 4th 1896
4. Place of Birth, (Street and Number) 427 N. Gilmore St
5. Full Name of Mother, Mary L. Freeland
6. Mother's Maiden Name, Mc L. Wilkinson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John R. Freeland
9. Father's Occupation, Painter
10. Father's Birthplace, Talbot Co. Md

Name of Medical Attendant, or other person who makes this Return, A. Johnson

Address, 102 N Paca st

Remarks.

1896U003401

said schools shall be delivered to the Commissioner of Health, or such other person as he may designate, by the principal of each and every month to the Commissioner of midwifery, or should no other person as he may designate, by the principal of each and every month to the Commissioner of Health, in the manner and within the time above required, and shall occur without the attendance of a physician, it shall become the duty of the person in charge of such attendance upon the mother, immediately thereafter to report the birth to the Commissioner of Health, in the manner and within the time above required, and child to report the birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the penalty of persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75-993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 4 / 96
4. Place of Birth, (Street and Number) 823 Southerly Canton
5. Full Name of Mother, Julia Bond
6. Mother's Maiden Name, " Quinn
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Bond
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, R. W. Mansfield M.D.

Address, 129 S. Broadway

Remarks,

8960003402

Said certificate shall be delivered, duly signed by the physician, midwife or other person in attendance upon the mother, immediately after the birth of any child, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person in attendance upon the mother, immediately after the birth of any child, be unable to report its birth to the Commissioner of Health, it shall become the duty of the person or persons in any such case to make such report as required by this section and within the period above required, and any person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race.
3. *Date of Birth,*	Born Aug 5th 1896
4. *Place of Birth, (Street and Number)*	#108 Addison Ally
5. *Full Name of Mother,*	Mrs. Katie Wild
6. *Mother's Maiden Name,*	Miss. " Eshbach
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	August Wild
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	#2008 16th Henry St
Remarks,	

1896000034 03

Wm. J. C. Dulany Co., City Printers and Stationers.

(over)

RETURN OF A BIRTH. 75995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~) William BERYL DOWNES

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, August 6th 96
4. Place of Birth, (Street and Number) 1503 N. Fremont Street, Apt 7
5. Full Name of Mother, Lily Downes
6. Mother's Maiden Name, Lily Hackstedt
7. Mother's Birthplace, Balto Co. Md
8. Full Name of Father, William Downes
9. Father's Occupation, Grocer
10. Father's Birthplace, Balto City Md

Name of Medical Attendant, or other person who makes this Return, Wm J. Gilmore M.D.

Address, 602 N. Lexington St

Remarks,

84 0 0 0 3 4 0 4

and ~~shall~~ every month to the ~~Clerk~~ Registrar of midwifery, or attendance at births, ~~in~~ ~~his~~ ~~district~~ ~~or~~ ~~wards~~ ~~in~~ ~~which~~ ~~he~~ ~~may~~ ~~reside~~ ~~or~~ ~~practice~~ ~~or~~ ~~attend~~ ~~births~~ ~~shall~~ ~~secure~~ ~~from~~ ~~the~~ ~~mother~~ ~~without~~ ~~the~~ ~~attendance~~ ~~of~~ a physician or practitioner of midwifery, or attendant at births, a certificate of the birth of each child born by her, and every physician or practitioner of midwifery, or attendant at births, shall deliver to the parent or parents of each child to report its birth to the Commissioner of Health, within ten days after the birth of such child, a certificate of the birth of such child, and for every neglect or refusal to comply with the provisions of this section he shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Aug 5. 96.
4. Place of Birth, (Street and Number) 2124 E Biddle
5. Full Name of Mother, Ella Ringrose
6. Mother's Maiden Name, Barnard
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, George Ringrose
9. Father's Occupation, Baltr Ends
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, E. G. Peterson M.D.

Address, 1111 E. Baltimore

Remarks,

1896 00034 05

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-31-58

RETURN OF A BIRTH. 75997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Mary Annetta Cramblitt 5th child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	August 5th 1896.
4. Place of Birth, (Street and Number)	902 Hollins St
5. Full Name of Mother,	Lida C. Cramblitt
6. Mother's Maiden Name,	" " Taylor
7. Mother's Birthplace,	Baltimore, Md
8. Full Name of Father,	John D. Cramblitt
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore, Md
Name of Medical Attendant, or other person who makes this Return,	Addison C. Fox. M.D.
Address,	1205 W Fayette Street
Remarks,	

A 960003406

Wm. J. C. Dulany Co., City Printers and Stationers.

That any or each and every physician or practitioner or midwife or other person or parents of such child who shall neglect or refuse to perform the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above mentioned, the attendance upon the mother, the birth, or the death of such child, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

That any person who shall hereafter, in any manner, comply with the provisions of this section, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

over

RETURN OF A BIRTH. 75-998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Garey Nathaniel Holden

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 5 1896
4. Place of Birth, (Street and Number) No. 428 Frederick Ave
5. Full Name of Mother, Mary Holden
6. Mother's Maiden Name, Mary Anderson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Garey Holden
9. Father's Occupation Examiner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1896 0003407

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered to the office of the Commissioner of Statistics, or should no other person do so, the attendant upon the mother shall, within the third day of each and every month, deliver to the office of the Commissioner of Statistics a list of such births which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parent refuse, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parent refuse, and shall immediately thereafter, in the manner and within the period of time above specified, make return of such birth to the Commissioner, and any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 3 rd 1896
4. Place of Birth, (Street and Number) No 115 Clement st
5. Full Name of Mother, Rosa Lindenmeyer
6. Mother's Maiden Name, Rosa Weber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William H. Lindenmeyer
9. Father's Occupation Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1317 Byrd st

Remarks,

L 8 9 6 U C 3 4 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month of a physician or practioner in midwifery to the duty of the person or parents, shall occur within the city of Baltimore, it shall become the duty of the person or parents, or other person who shall have charge of the child, or in attendance at the birth thereafter, to report its birth to the Commissioner of Health, in writing, within the period above mentioned, and in such form as may be required by the Commissioner of Health, in conformity with the provisions of this article. And any such person or persons who shall hereafter fail to comply with the provisions of this article shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female).*	Male
2. *Race or Color, (if not of the white race).*	Jewish
3. *Date of Birth,*	August 5th 1896
4. *Place of Birth, (Street and Number)*	Low Street
5. *Full Name of Mother,*	Sarah Goldstein
6. *Mother's Maiden Name,*	Sarah Samon
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Samuel Goldstein
9. *Father's Occupation*	Cloakmaker
10. *Father's Birthplace,*	New York State
Name of Medical Attendant, or other person who makes this Return,	Eva Kahn
Address,	137½ Harrison st. cor. Lexington
Remarks,	Mother is well but Baby rather small born in 8th month.

1896 U 003409

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife in attendance upon the mother, immediately after the birth of each and every child born in this city, or other person who shall become the duty of the person or parents of such child to report its birth to the Board of Health, in the manner and within the time required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 6th 96.
4. Place of Birth, (Street and Number) 164 N. Cross St.
5. Full Name of Mother, Annie Louise Brandt,
6. Mother's Maiden Name, " " Helmrich
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Wm Brandt,
9. Father's Occupation Silversmith
10. Father's Birthplace, Richmond, Va.

Name of Medical Attendant, or other person who makes this Return, C. L. Nuckolls, M.D.

Address, 643 S. Paca St.

Remarks, Premature birth. (6) Six

[illegible]

B96UC03410

Wm. J. C. Dulany Co., City Printers and Stationers.

said sells or gives away any medicine to the object of the same, or attends a woman in labor, shall within the first third day of each and every month to the office of the Registrar of Vital Statistics, or shall report to him the name of each and every person whose birth shall occur without the attendance of a physician or practitioner of midwifery, or shall report to him the particulars of such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-17-59

RETURN OF A BIRTH. 76002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Beatrice Owings

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) (1st)

1. Sex, (state whether ~~male~~ female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, August 6th 1896
4. Place of Birth, (Street and Number) 686 W. Mulberry
5. Full Name of Mother, Emma J Owings
6. Mother's Maiden Name, Emma J Snowden
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Harry Owings
9. Father's Occupation Porter
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D.

Address, 914 N. Chas St

Remarks,

1960003411

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be filled within the first month to the office of the Registrar of Vital Statistics, or such other person as may be authorized by the Board of Health, and every month thereafter a like return shall be made by each and every physician or practitioner of midwifery, or such other person or parents of such child, to the Registrar of Vital Statistics, of all births which may occur in the city, of the person or parents of such child not previously returned, which return shall be made in like manner and within the period above specified; and shall accur without the attendance of a physician or midwife, the parent or parents, or person in charge of such child, shall immediately thereafter, it shall be the duty of the person or parents of such child to report such birth to the Commissioner of Health, and it shall be the duty of the Commissioner of Health to comply with the provisions of this section. All penalties and forfeitures are recoverable, and suit therefor may be instituted in the name of the Mayor and City Council of Baltimore. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 6th 1900
4. *Place of Birth, (Street and Number)* 523 Druid Pl
5. *Full Name of Mother,* Georgia Lemmel
6. *Mother's Maiden Name,* Cynthia Coleman
7. *Mother's Birthplace,* Anandale Co Va
8. *Full Name of Father,* James Lemmel
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* West Point Va

Name of Medical Attendant, or other person who makes this Return. Mary Lacy

Address, [illegible]

Remarks, [illegible]

8960003412

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 6
4. *Place of Birth, (Street and Number)* 1720 Fulton ave
5. *Full Name of Mother,* Minnie Wood
6. *Mother's Maiden Name,* Minnie Burns
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo Wood
9. *Father's Occupation* Motorman
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, J Mcinnis

Address, 2314 Druid Hill ave

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

EVOU03413

RETURN OF A BIRTH. 76005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 C.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 of August 1876
4. Place of Birth, (Street and Number) 105 Montford Ave
5. Full Name of Mother, Elisabeth Holzhaus
6. Mother's Maiden Name, Elisabeth Stork
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Bernhart Holzhaus
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Sch Hille

Address, 207 N. Castle St

Remarks, \ \ \ \

8960003414

Third day of each and every month the name of each physician or practitioner of midwifery, attending any birth which occurred during the preceding month, and the number of births attended by each, and if no attendance upon the mother, then the name of the person who reported the birth, and the number of births reported by each; and every person required by this section to report the birth to the Commissioner of Health, who shall neglect or refuse to make such report within the period above required, and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall [illegible] every month to the office of [illegible] or practioner of midwifery, of [illegible] parents of such
third day of each and every month to the office [illegible] physician or practioner of midwifery, of the person or parents of such
shall occur without the attendance of a physician or practioner of midwifery, it shall become the duty of the person or parents of such within the period above required, and
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such [illegible] provisions of this section shall be sub-
child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Baltimore August 6/96

4. Place of Birth, (Street and Number) 900 Pratt Street Baltimore Md.

5. Full Name of Mother, Ratchel Shwokler

6. Mother's Maiden Name,

7. Mother's Birthplace, Russia

8. Full Name of Father, Jesaie Shwokler

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Lena Barber

Address, 41 E. York Street Balto

Remarks,

896000 3415

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 6th 1896
4. Place of Birth, (Street and Number) 607 W Lanvale St
5. Full Name of Mother, Maime Franklin
6. Mother's Maiden Name, Maime Lewis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Franklin
9. Father's Occupation Steward
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address,

Remarks,

+ 8960003416

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 28th 1896
4. Place of Birth, (Street and Number) 634 Central Ave.
5. Full Name of Mother, Jennie Hendelson
6. Mother's Maiden Name, Kaplan
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris Hendelson
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Y. Feldman

Address, 1018 E. Lombard St.

Remarks,

1896000034 17

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month in this section or practitioner of medicine or midwifery of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and with the information required, and shall occur without the attendance of a physician or practitioner of medicine or midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately after the occurrence of such birth, to report the birth to the Commissioner of Health, in the manner and with the information required, and child to report the birth to the Commissioner of Health, in the manner and with the information required, and any person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 6 August
4. *Place of Birth, (Street and Number)* 1009 Fast St.
5. *Full Name of Mother,* A L Davis
6. *Mother's Maiden Name,* " Mothersbin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* G M Davis
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Asst Mayor

Address, 1331 Hull St.

Remarks,

8960003418

Wm J C. Dulany Co., City Printers and Stationers.

This day or each and every day that the attendance of a physician or person in charge of the case shall cease within the time above specified, the person or persons whose duty it shall become to report the birth, immediately thereafter, if within the period above required, shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 8-6-90
4. Place of Birth, (Street and Number) 232 Forest St N.
5. Full Name of Mother, Rebecca Dodd
6. Mother's Maiden Name, Rebecca Young.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Dodd
9. Father's Occupation Laborer
10. Father's Birthplace, Eastern Md.

Name of Medical Attendant, or other person who makes this Return. Geo W Dobbin Md

Address, The Johns Hopkins Hospital

Remarks,

1 8 9 6 0 0 0 3 4 1 9

Fifth day of each and every month to the Commissioner of Health, or some one of his assistants, the name of every child born within the city during the preceding month, and the name of the person or parents of such child; and if the birth occurred without the attendance of a physician or practitioner of midwifery, or some one of the person or parents of such third days, without the attendance of a physician or practitioner of midwifery, or some one of the person or parents of such attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug. 7/15/16.

4. Place of Birth, (Street and Number) 341 N. Fulton

5. Full Name of Mother, Emma A. Backes.

6. Mother's Maiden Name, " " Quintal

7. Mother's Birthplace, Baltimore md

8. Full Name of Father, Chas. Backes.

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return. C. M. Fleagle M.D.

Address, 111 E Orleans str

Remarks,

+ 8 9 6 0 0 0 3 4 2 0

been complete shall be delivered, duly signed, by the Commissioner of Health, or should no other person be in said city, then by the undertaker or other person who shall bury the body of any child, to the sexton or proprietor of such burial place, or person in charge thereof, within the first week of each and every month to the collector or practioner of midwifery, of the person or parents of such child, or person in whose house or premises the same shall occur without the attendance of a physician, and shall become and within the period above required, and attendance upon the birth to the Commissioner of Health. In case any person shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76012

GIVEN NAME ADDED 1/9/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: CATHARINE EMILY SUTTON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) W
2. Race or Color, (if not of the white race)
3. Date of Birth. Aug 1 96
4. Place of Birth, (Street and Number) 2633 York Road
5. Full Name of Mother. Mary Sutton
6. Mother's Maiden Name. Brown
7. Mother's Birthplace. B C
8. Full Name of Father. Geo E Sutton
9. Father's Occupation Clerk
10. Father's Birthplace. B C

Name of Medical Attendant, or other person who makes this Return, Irving Miller

Address, 1927 St Paul St

Remarks,

1896U003421

said refusal or neglect, to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate of such birth, stating the particulars required by this section to be stated in relation thereto, which certificate shall be signed by the attending physician or midwife, or, where there is neither physician nor midwife in attendance, by the father or mother of such child, or the householder of the district in which such birth shall occur; and every physician or midwife shall also, within the time above required, and in the manner and with the effect above provided, report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the particulars required by this section to be stated in relation to births at which he was in attendance; and any physician or midwife who shall fail to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and any person or persons who shall hinder or prevent any physician or midwife from complying with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Augt 3. 1896.
4. Place of Birth, (Street and Number) 28 Stafford St
5. Full Name of Mother, Francis Hamilton
6. Mother's Maiden Name, Francis Hughes
7. Mother's Birthplace, Balto. Co.
8. Full Name of Father, John A. Hamilton
9. Father's Occupation, Engineer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. L. H. Gundry M.D.

Address, #931 Fred. Ave. East

Remarks, Normal Labor

1896000003422

third day of each month, a physician or practitioner who shall neglect or refuse the duty of the person or parents of the child to report the birth as above required, and the attendance of any midwife, nurse or other person who shall neglect or refuse to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 the

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, August 3d 96

4. Place of Birth, (Street and Number) 1034 Penna ave

5. Full Name of Mother, Adolfine Fischer

6. Mother's Maiden Name, Filemmer

7. Mother's Birthplace, Germania

8. Full Name of Father, Eberhart Fischer

9. Father's Occupation Baker

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. W. Maennel

Address, 913 Fulton ave

Remarks,

1896 0003423

...shall report in writing such birth to the office of the Commissioner of Health, or shall not later than the third day of each and every month of a physician or practioner of midwifery, or shall not later than the third day of each and every month of the person or parents of such child, whose duty it is to report the same, the birth of any child which may hereafter, shall occur without the city limits immediately thereafter, in the manner and within the period above required, and shall report in writing such birth to the Commissioner of Health, and to comply with the provisions of this section, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 2nd 1896.
4. *Place of Birth, (Street and Number)*	#5107 Pattiveur Pl. Ave.
5. *Full Name of Mother,*	Mrs. Christina Kepfer
6. *Mother's Maiden Name,*	Miss Christina Lotz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr. John Kepfer
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Taylor
Address,	#611 E. Pattiveur Pl Ave. Balto. Md.
Remarks,	

1896 00034 24

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...shall, within one month, to the office of the Commissioner of Health, or shall no other person [illegible] third day of each and every month to the office of the Commissioner of Health, a return of a physician or practitioner of midwifery, or shall no other person [illegible] shall occur without the assistance of a physician or practitioner of midwifery, of the person or parents of such child, to report its birth to the Commissioner of Health, immediately thereafter. It shall become and within the period above required, and [illegible] such report. It shall be the duty of the Commissioner of Health to comply with the provisions of this section, and [illegible] any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* [illegible] 1896
4. *Place of Birth,* (*Street and Number*) 20 Market Place
5. *Full Name of Mother,* Virginia Brown
6. *Mother's Maiden Name,* Coleman
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Earl Brown
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Dr Thurman

Address, [illegible]

Remarks,

1896 003425

Wm. J. C. Dulany Co., City Printers and Stationers.

said school a shall keep a register of the names of all persons who shall be entered as pupils therein, and shall report to the office of the Commissioner of Health, on the first Monday in each and every month, the names of such pupils as shall not during the preceding month have been present at school, and the cause of absence, if known, and shall also report to said office, on the first Monday in each and every month, the names of such pupils as shall have been absent from school during the preceding month without the attendance of a physician or practitioner of the healing art; but no other person shall be required to report the absence of any pupil from school, unless such absence shall continue for more than three consecutive days, and then only when such pupil resides within one mile of the school-house. Any person who shall refuse or neglect to make any report required by this section, or who shall make any false report, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* October 1896
4. *Place of Birth, (Street and Number)* 1282 East 84
5. *Full Name of Mother,* Lucy Williams
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Joseph Williams
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, E. Blackwell

Address, 7[illegible] Monument

Remarks,

B 9 6 U 0 0 3 4 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child Gwl

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race)
3. Date of Birth, 6th August 1896
4. Place of Birth, (Street and Number) 306 Smallwood Alley
5. Full Name of Mother, Olivia Byrd
6. Mother's Maiden Name, Olivia Galvick
7. Mother's Birthplace, Hagerstown Md.
8. Full Name of Father, Wm Byrd
9. Father's Occupation Conductor
10. Father's Birthplace, Hagerstown Md

Name of Medical Attendant, or other person who makes this Return, Mrs Hilles

Address, 1200 Mc Henry St

Remarks,

1896003427

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month a certificate of the physician or practitioner (if there be one) in attendance upon the mother, or in case there shall be no physician or practitioner in attendance, then the certificate of the person or parents of the child to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall swear without the attendance aforesaid, hereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 6. 1896.
4. Place of Birth, (Street and Number) 2140 W Pratt st
5. Full Name of Mother, Gutta Shultz
6. Mother's Maiden Name, Gutta Hayes
7. Mother's Birthplace, Germany
8. Full Name of Father, John Shultz
9. Father's Occupation Saloonkeeper
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Johanna T. Zeltris M.D.

Address. 1928½ W. Pratt st.

Remarks.

1896000342 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7160 20

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5th

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 7th 1896

4. Place of Birth, (Street and Number) 1340 W. Washington St

5. Full Name of Mother, Anna E. McGraw

6. Mother's Maiden Name, Anna Virginia Walker

7. Mother's Birthplace, Carroll County Md.

8. Full Name of Father, Owen J. McGraw

9. Father's Occupation, Railroad Freight Conductor

10. Father's Birthplace, Balto County Md.

Name of Medical Attendant, or other person who makes this Return, Albert S. Atkinson Md

Address, 1031 W. Carolina St

Remarks, ...

1 8 9 6 U 0 0 3 4 2 9

shall occur without the attendance of a physician, it shall become the duty of the person above required, and also of those living in the house with the mother, immediately thereafter, in the manner and within the period above required, to report its birth to the Commissioner of Health, in the manner and with the particulars required of this section shall be subjected to the fine of ten dollars, for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7th Aug 1896

4. Place of Birth, (Street and Number) No 1552 Clement St. S.P.

5. Full Name of Mother, Lena Lohbaeder

6. Mother's Maiden Name, " Gearke

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Richard Lohbaeder

9. Father's Occupation Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Schaefer

Address, No 1708 E Fort Ave. S. P. Md.

Remarks,

1896U003430

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76022

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days hereafter, after the birth, whether born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 7. 96

4. Place of Birth (Street and Number) 243 Richmond St.

5. Full Name of Mother Annie Carroll Hamill

6. Mother's Maiden Name " "

7. Mother's Birthplace Va. Va.

8. Full Name of Father Joseph Hamill

9. Father's Occupation Road Repair Man

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. J. D. Egbert

Address 214 Linden Ave

Remarks

1896000343 1

GIVEN NAME ADDED 8-21-57

RETURN OF A BIRTH. 76023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Rose Margaret ~~Holmes~~ 1st

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) —
3. Date of Birth, Aug 7. 96
4. Place of Birth, (Street and Number) 306 S. Exeter St.
5. Full Name of Mother, Mrs. Annie Theresa Buckley Holmes
6. Mother's Maiden Name, Wife — Buckley
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Francis Patrick Holmes
9. Father's Occupation Train Dispatcher, B & P R.R.
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return, G. G. Rusk M.D.

Address, 1002 E. Baltimore St.

Remarks, Forceps delivery

1896 U 003432

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each year a list of births of children who shall have been born during the preceding year, and shall state whether the attendance of a physician or midwife was required, and if required, and not procured, the reason why not. Hereafter, it shall become the duty of the person or persons who shall occur within the mother, immediately after the birth, to report such birth to the Registrar of Vital Statistics, in the manner and within the period of time required by the provisions of this section, and he shall also report to the Registrar of Vital Statistics, in like manner and within the period of time aforesaid, the name of such child, if named, and if not named, the fact that it is unnamed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76024

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	August 7th.
4. Place of Birth. (Street and Number)	#234 Madeira St.
5. Full Name of Mother,	Mary Comer.
6. Mother's Maiden Name.	Mary Schroll
7. Mother's Birthplace.	Balto.
8. Full Name of Father,	John Comer.
9. Father's Occupation.	Laborer
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return,	Mary L. Portner
Address,	241 S. Chester
Remarks,	

1896000343 3

shall occur within the attendance of a [illegible] shall become the duty of the person required and attending upon the mother, immediately thereafter to report in writing the particulars required, and also the time and place of birth of such child, to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall wilfully neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered, as other fines, and forfeitures are recoverable.

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RETURN OF A BIRTH. 76025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 August
4. *Place of Birth, (Street and Number)* 1129 E Fort ave
5. *Full Name of Mother,* Elizabeth Noon
6. *Mother's Maiden Name,* Elizabeth Noon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Noon
9. *Father's Occupation,* Laborer Retired
10. *Father's Birthplace,* Ba

Name of Medical Attendant, or other person who makes this Return, Dr. H. Myers

Address, 1331 Hull St. Locust Point

Remarks,

8960003434

shall occur without the attendance of a physician or [illegible] shall become the duty of the person or persons in attendance upon the mother, immediately thereafter to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1896 Separate race

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

1896 0003435

Third day after birth, and before the expiration of a physician or person in charge of the case, it shall become the duty of the person or persons required to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) (dau)

1. Sex, (~~state whether~~ male ~~or female~~). Clarence Norwood King
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Aug 7th 1896
4. Place of Birth, (Street and Number) 31 N Eden St
5. Full Name of Mother, Emeline Norwood King
6. Mother's Maiden Name, " " Flaharty
7. Mother's Birthplace, Balto City
8. Full Name of Father, Clarence King
9. Father's Occupation Stenographer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. S. Ridgway Andre M D
1128 E Balto St

Address,

Remarks,

1896000343 6

~~Any person who shall refuse or neglect to report the birth of any child, or to procure the attendance of a physician or midwife at the birth, as required by this section, shall be subject to a penalty of not less than five dollars nor more than fifty dollars; and any physician or midwife who shall refuse or neglect to report, as required by this section, any case of birth coming within the provisions of this section shall be subject to a like penalty. And it shall become the duty of the person or persons charged with the attendance of a physician or midwife at the birth, to see that the same is reported as required, and any such person who shall refuse or neglect to report the birth as required by this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.~~

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 5th 1896

4. Place of Birth, (Street and Number) 12th Henry Street

5. Full Name of Mother, Kate Watkins

6. Mother's Maiden Name, " Clark

7. Mother's Birthplace, Bolton

8. Full Name of Father, Levin Lake Watkins

9. Father's Occupation Hairdresser

10. Father's Birthplace, Dorchester County Md

Name of Medical Attendant, or other person who makes this Return, Caroline Moore

Address, 19. N. West 91 Balto Md

Remarks,

8 9 6 0 0 0 3 4 3 7

third day of each month a list of all births occurring in his practice during the preceding month, and shall report without the attendance of a physician or midwife, he shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, and shall report the case to the Commissioner of Health. In case any such person or persons shall wilfully refuse or neglect to comply with the provisions of this section, he or they shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~) 2-

1. Sex, (state whether male or ~~female~~) male
2. Race or Color, (~~if not of the white race~~) colored
3. Date of Birth, august 8-1896 Born at 10 Min of 10 o'cl P M
4. Place of Birth, (Street and Number) 828 Mc Donogh Street
5. Full Name of Mother, Mary Templen
6. Mother's Maiden Name, - 2 - Hopkins
7. Mother's Birthplace, Westmoreland V.a.
8. Full Name of Father, George Templen
9. Father's Occupation, labor
10. Father's Birthplace, Westmoreland

Name of Medical Attendant, or other person who makes this Return. Josephine cooper

Address, 921 Shuter Street

Remarks, mother is weak child with spasms

Baltimore Md

1896008438

Said schedule shall be delivered by the ... of the Commissioners ... every month to the office of the Commissioner of Health, or should no other births of such child occur within the said month, a return of the birth of such child shall become the duty of the person or persons required, and attendance upon the mother, to the Commissioner of Health. In the manner and within the time specified in this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Any person or persons who shall hereafter fail to comply well as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 76030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Saturday August 8th, 1896.

4. Place of Birth, (Street and Number) 1231 Ashland ave.

5. Full Name of Mother, Bertha Fuchs.

6. Mother's Maiden Name, Bertha Starn

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry W. Fuchs.

9. Father's Occupation Baker.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.,

Address, S. W. Cor. Calvert & Preston Sts.

Remarks,

8 9 6 0 0 0 3 4 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 5. Be it further enacted, That it shall be the duty of each and every midwife, within one month from the date of the birth of each child born by her, to report to the Commissioner of Health, in the manner and within the period above specified, the name and residence of the mother, immediately thereafter, in the manner and within the period above specified, the name and residence of a physician or practitioner of midwifery, or should no other person shall occur without the presence of a physician or practitioner of midwifery, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified. And the failure of any midwife, physician or practitioner of midwifery, or other person or parents of such child to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 8th 1896

4. Place of Birth, (Street and Number) No. 39 W. West St.

5. Full Name of Mother, Bell ~~Prince~~ Gabril

6. Mother's Maiden Name, Prince

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, John Gabril

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Maggie A. Wilkinson

Address, No. 14 W. Cross St.,

Remarks,

1 8 9 6 0 0 0 3 4 4 0

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician, it shall become the duty of the person who is required, and is by law authorized to act as nurse or midwife in the case, to report the birth to the Registrar of Vital Statistics immediately thereafter. It shall be the duty of the physician in attendance upon the mother of any child born in the city of Baltimore, or in the absence of such physician, the midwife or nurse in attendance upon the mother, or the father of the child, or the householder in whose house the birth occurs, to report the birth to the Registrar of Vital Statistics, and to comply with the provisions of this section shall be subject to the penalties of section 1 of this article. In the case of persons who shall hereafter refuse to be recovered as other fines and forfeitures are recoverable, any person or persons who shall hereafter refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 8th, 1896
4. Place of Birth, (Street and Number) 1220 Patapsco St.,
5. Full Name of Mother, Mary Cooper
6. Mother's Maiden Name, Daniel
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Adolph Cooper
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Maggie A. Wilkinson

Address, No. 14 W. Cross St.,

Remarks,

8960003441

Wm J. C. Dulany Co., City Printers and Stationers.

Every case of [illegible] shall occur without the attendance of a physician or [illegible] shall become the duty of the person [illegible] and within three days thereafter [illegible] child thereof, with the particulars required by this section, to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 4th 1896
4. Place of Birth, (Street and Number) 1533 N Caroline Street
5. Full Name of Mother, Bettie Watson
6. Mother's Maiden Name, Bettie Burke
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Hengh Watson
9. Father's Occupation Clerk P. W & B R R Co
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, James E Whitford M.D

Address, 814 Aisquith Street

Remarks,

0960 03442

third day of each month the attendance of a physician or midwife shall become the duty of the person or persons required, and shall occur without the mother, immediately thereafter, in the manner and within the period above required, and attendance upon the birth to the Commissioner after failure to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 8, 1896.
4. Place of Birth, (Street and Number) 32½ Forrest st
5. Full Name of Mother, Annie Fleck
6. Mother's Maiden Name, Annie Kramer
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Fleck
9. Father's Occupation Brickmaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Johanna T. Zeltmann M.D

Address. 1928½ N. Pratt sts.

Remarks.

1896 0003443

been committed for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4"

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 8, 1896
4. Place of Birth, (Street and Number) 748½ Fred. Ave
5. Full Name of Mother, Nellie Spies
6. Mother's Maiden Name, Nellie Ledyet
7. Mother's Birthplace, Balto. Co.
8. Full Name of Father, John M. Spies
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. R. Gundry M.D.

Address, 931 Fred. Ave -

Remarks,

B 76 U 003444

Wm J. C. Dulany Co., City Printers and Stationers.

Whoever, without the attendance of a physician, shall become cognizant of a birth hereafter it shall become the duty of such person to report the same within the period above required, and if such birth occur within the mother, immediately thereafter, it shall be the duty of the attending physician, midwife or nurse within the limits of Baltimore City, in the manner and within the time specified, to report its birth to the City Health Department, and any such person or persons shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and shall be subject to the fine of ten dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, Bullock
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

1896000 3445

said schedule, to the office of the Commissioner of Health, a return of each and every birth occurring within his or her practice as a midwife, or practitioner of midwifery, or should no other person be in attendance upon such birth, then it shall be the duty of the person or persons present at such birth occur without the attendance of a physician or midwife, then it shall become the duty of the person or persons present at such birth to report the same and all the particulars required, and immediately thereafter. If such birth shall occur without the attendance of a physician or midwife, then it shall become the duty of the person or persons present at such attendance upon such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 & Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore August 8/96
4. Place of Birth, (Street and Number) 404 S. Broden St. Balto.
5. Full Name of Mother, Mary Megalla
6. Mother's Maiden Name, Mary Nassidanska
7. Mother's Birthplace, Russia
8. Full Name of Father, Egumess Megalla
9. Father's Occupation Tailor
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs. Sena Baker

Address, 416 York St. Balto.

Remarks,

1896 00003446

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month, a certificate of the birth of the person or parents of such child, which certificate shall be signed by the physician or midwife in attendance upon the birth, or in case there shall be no physician or midwife in attendance upon the birth, then by the father or mother of such child, or the householder or owner of the premises where the birth occurs, within the period above required, and shall occur without the limits of the city, immediately thereafter, in the manner and subject to the penalties provided in this section, shall be subject to the same penalties as if the birth had occurred within the limits of the city. And any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76038

To the Office of Registrar of Vital Statistics, Board of ~~Health~~, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Three

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, August 8th
4. *Place of Birth*, (*Street and Number*) 1329 Druid Hill Ave
5. *Full Name of Mother*, Annie E. Trench
6. *Mother's Maiden Name*, Annie E. Gilbert
7. *Mother's Birthplace*, Harford Co Md
8. *Full Name of Father* Saml F. French
9. *Father's Occupation* Police officer
10. *Father's Birthplace*, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr Chas Wagerfall

Address, 1120 E Monument St

Remarks,

1 8 9 6 0 0 3 4 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Each neglect of, or refusal or failure of a physician or midwife in attendance upon a birth to report the same as required by this section, shall become the duty of the parent or parents, if present at the birth, and if absent, of the person having charge of the house in which the birth occurs, to report the same within the time and in the manner and with the particulars required of physicians and midwives; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday, August 28th 1886
4. Place of Birth, (Street and Number) 33 E. Lovel St.
5. Full Name of Mother, Ella Lamberzky
6. Mother's Maiden Name, Lamberzky
7. Mother's Birthplace, Russia
8. Full Name of Father, Ignatz Lamberzky
9. Father's Occupation, Coal Yard Worker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. A. Feldman

Address, 213 E. Lombard St.

Remarks,

1 8 8 6 0 0 0 3 4 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 1 —.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug - 8 - 1896
4. Place of Birth, (Street and Number) 219 N. Ann st.
5. Full Name of Mother, Mamie Punte
6. Mother's Maiden Name,
7. Mother's Birthplace, City
8. Full Name of Father, Albert Smith
9. Father's Occupation Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, P. G. Dauschaus

Address, 173 E. Baltimore

Remarks,

1896 003449

Wm. J. C. Dulany Co., City Printers and Stationers

Any midwife shall be deemed guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore City, or before any magistrate thereof, shall be fined not more than fifty dollars for each offence, and any physician or practitioner of midwifery, or other person who shall neglect or refuse to make the return required by this section, or to comply with the provisions of this section shall be subject to a penalty of ten dollars, to be recovered as other fines and forfeitures are recoverable; and any person who shall wilfully or negligently make a false return of any birth, or of the particulars required to be registered concerning any birth, shall be subject to the like penalty of ten dollars, to be recovered as other fines and forfeitures are recoverable. And it shall be the duty of each and every month to the officer of the Commissioner of Health, or other person to be appointed by the Commissioner of Health, to collect the returns required by this section, and to report to the Commissioner of Health, on the first Monday in each and every month, the number of births which shall occur without the attendance of a physician or practitioner of midwifery, or other person or parents of such child, and the number which shall hereafter become due within the period above required, and the number of returns which shall have been received within the same period, and the names of all persons who shall neglect or refuse to make the returns required by this section.

RETURN OF A BIRTH. 76041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

Name: Lawrence Murphy

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 9th 1896
4. Place of Birth, (Street and Number) No. 913 Pagan Ave
5. Full Name of Mother, ~~Hagr~~ Margaret Murphy
6. Mother's Maiden Name, Margaret Steinacker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Murphy
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 6 B 0 0 3 4 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month the physician or practioner of midwifery, the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the time above required, and shall occur without the attendance of a physician or practioner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately after the birth, to report the same to the Commissioner of Health, in the manner and within the time above required, and child to report the same as above required, the person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Aug 9th 1896
4. *Place of Birth, (Street and Number)*	1213 N Central Ave
5. *Full Name of Mother,*	Emma Barneman
6. *Mother's Maiden Name,*	Emma Elliott
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Harrison Barneman
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Albert J. Atkinson M.D.
Address,	1037 N Caroline St
Remarks,	

1896000003451

and child's name, if any, must be reported every month to the office of the Commissioner of Health, and every birth must be reported within the first three days after occurrence, or should no other person report the birth, the same shall be reported by the undertaker employed to bury the body of such child, within the third day of each and every month to the office of the Commissioner of Health, and every birth must be reported within the first three days after occurrence, or should no other person report the birth, the same shall be reported by the undertaker employed to bury the body of such child, within the third day of each and every month thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, if the midwife, physician or undertaker shall neglect or refuse to report the same within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 12 1896
4. *Place of Birth, (Street and Number)* 1211 Eutaw St
5. *Full Name of Mother,* Carrie Kinsey
6. *Mother's Maiden Name,* Whitworth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Kinsey
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Williams

Address, 1211 Eutaw St

Remarks,

1896 0 03452

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, by the office of the Commissioner of Health, to the parent or parents of such child, or to the physician or practioner of midwifery, or should no other person be in attendance upon the mother, then to the person with whom the parent or parents of such child shall reside, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur within the city, it shall become the duty of the [illegible] to report the same to the Registrar of Vital Statistics, at his office, immediately thereafter. It shall become the duty of the attendant upon such birth, or the father or mother, within the period above required, and attendance upon birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall hereafter [illegible] to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 9th. 1896
4. Place of Birth, (Street and Number) 1449 Patapsco. St
5. Full Name of Mother, Rebecca. Hennessy
6. Mother's Maiden Name, Rebecca. Neuman
7. Mother's Birthplace, Baltimore. Md
8. Full Name of Father, John. Hennessy
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Baltimore. Md

Name of Medical Attendant, or other person who makes this Return, Ellen now. a. anderson

Address, 1434. Patapsco. St

Remarks,

+ 8 9 6 0 0 0 3 4 5 3

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 9 1896
4. Place of Birth, (Street and Number) 1945 E Fremont Street
5. Full Name of Mother, Barbara Blottkamp
6. Mother's Maiden Name, Barbara Thiem
7. Mother's Birthplace, Balto
8. Full Name of Father, William Blottkamp
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Geo W Hoffman MD

Address, The Johns Hopkins Hospital

Remarks,

8960003454

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and if no other person be in attendance upon the mother, immediately hereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and pay such fees as are now or may hereafter be established by law. Any violation of the provisions of this section shall subject the offender to the fine of Ten (10) Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76046

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	Aug. 9th.
4. Place of Birth, (Street and Number)	#2079 The. Elderg
5. Full Name of Mother,	Mary Newbert.
6. Mother's Maiden Name,	Mary Welsch
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Charles Newbert
9. Father's Occupation,	Oyster Packer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	#241 S. Chester st
Remarks,	

8960003455

shall occur without the direction of a [illegible] It shall become the duty of the person in charge of the house in which a birth occurs, or in which the mother may be at the time of the birth, or of the attendance upon the mother, immediately thereafter, to report the birth to the Registrar of Vital Statistics within the period above required, and child to report the birth to the Registrar of Vital Statistics within the period above required, and every such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) [illegible]

3. Date of Birth, June 6 1896

4. Place of Birth, (Street and Number) April 1916 Union ave

5. Full Name of Mother, Anna E. Goodrich

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Goodrich

9. Father's Occupation Saloon work

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs L. Jones

Address, E 1904 E Monument Ave

Remarks.

[illegible] 8 9 6 0 0 8 3 4 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 27th 1899
4. Place of Birth, (Street and Number) 1825 Gallow[illegible] St
5. Full Name of Mother, Lottie Bush
6. Mother's Maiden Name, Lottie Owens
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Bush
9. Father's Occupation, Coachman
10. Father's Birthplace, Lt Mary's Co

Name of Medical Attendant, or other person who makes this Return. Mary Dorsey

Address, 1809 Lorman St.

Remarks,

1 8 9 6 0 0 0 3 4 5 7

Wm J C. Dulany Co., City Printers and Stationers.

Every day on which the attendance of a physician or midwife shall be required in the case of the person or parents of such child, or upon which such child shall die, shall become the duty of the person or parents of such child to notify the Registrar immediately thereafter, if such shall occur within the period above required, and such notice shall be given to the Commissioner of Health. In the event of a failure to comply with the provisions of this section attendance upon the birth of such child or upon the death of such child, the person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of~~ the white race)
3. Date of Birth, Aug. 10th 1896.
4. Place of Birth, (Street and Number) 819 N. Washington.
5. Full Name of Mother, Anna M. Kane.
6. Mother's Maiden Name, " " Mulkern.
7. Mother's Birthplace, Ireland
8. Full Name of Father, Joseph J. Kane
9. Father's Occupation Policeman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. Ridgway André M.D.

Address, 1123 E. Balto St

Remarks,

1896000034 58

shall occur without the attendance of a physician or it shall become the duty of the person herein required, and after such time the mother, immediately thereafter, in the manner and within the period above required, to report its birth to the Commissioner, he shall forthwith cause the child to be examined by a physician, and if such person shall refuse or fail to comply with the provisions of this section, he shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 10th. 1896
4. Place of Birth, (Street and Number) 2005 Pleasant Al.
5. Full Name of Mother, Laura C. Behringer
6. Mother's Maiden Name, Laura C. Behringer
7. Mother's Birthplace, B. C.
8. Full Name of Father, Harry R. Webster
9. Father's Occupation, Clerk
10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Wickens

Address, 6 N. Broadway.

Remarks,

8960003459

shall occur without [illegible] shall become the [illegible] attendance upon the mother, immediately thereafter it shall become the [illegible] within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10 August
4. Place of Birth, (Street and Number) 1306 Hanover St.
5. Full Name of Mother, Louise Diestelhoff
6. Mother's Maiden Name, " Zaminsky
7. Mother's Birthplace, Germany
8. Full Name of Father, Julius Diestelhoff
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. Mahon

Address, 1331 Hull St.

Remarks, Dead Birth

+ 8960003460

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate of such birth, which certificate shall be signed by the physician or midwife, or alcohol no [illegible] shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child, within ten days from the birth, to report the same to the Registrar of Vital Statistics, Board of Health, as aforesaid, and any such person who shall neglect or refuse to make such report shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 of August 1896
4. *Place of Birth, (Street and Number)* 1622 Barnet st
5. *Full Name of Mother,* Babri Pikel
6. *Mother's Maiden Name,* Babri Urba
7. *Mother's Birthplace,* Bohimen
8. *Full Name of Father,* Ignac Pipel
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohimen

Name of Medical Attendant, or other person who makes this Return, Louise Svatora

Address, 1010 Durham st

Remarks,

8960003461

said schedule shall be delivered, duly filled out, to the Commissioner of Health, or to such person as he shall designate to receive the same, within ten days after the birth, and in case of the absence of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	August 10 1876
4. Place of Birth, (Street and Number)	#1036 Fawn St.
5. Full Name of Mother,	Clara V. Keller
6. Mother's Maiden Name,	Clara Black
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Thomas V. V. Keller
9. Father's Occupation	Laborer
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Dr. H. L. Pennhardt Md
Address,	#1017 S Charles St.
Remarks,	Died in One Hour Cause Premature Birth 7 Mo. Fa. is the Mothers 4th Premature Birth.

8960003462

Third day of each and every month, shall furnish or practioner of midwifery, or person in charge of such institution, without the attendance of a physician or midwife, it shall become the duty of the person in charge of such institution upon the mother's immediate removal therefrom, to report the birth to the Commissioner of Health, in the manner and with the particulars required, and attendance upon the mother, immediately after the birth, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Mulatto.
3. *Date of Birth,*	Aug. 16th.
4. *Place of Birth, (Street and Number)*	1618 Rowe st.
5. *Full Name of Mother,*	Eva Gaest
6. *Mother's Maiden Name,*	Eva Geasner
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Micheal Gaest.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary A. Portner
Address,	241 S. Chester st.
Remarks,	

8960003463

third day of October the attendance of a physician or person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the case of any child born in the City Hospital, or other public institution, the Superintendent thereof shall report the birth of such child. In the case of the neglect of any such person or persons who shall be required to report as aforesaid, the provisions of this section shall be enforced to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76055

GIVEN NAME ADDED 8-2-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Rankin White

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 10. 1896
4. Place of Birth, (Street and Number) 5-20 N. Calhoun
5. Full Name of Mother, Marion White
6. Mother's Maiden Name, " Hoskins
7. Mother's Birthplace, Balto. City
8. Full Name of Father, John P. White
9. Father's Occupation Coachmaker
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return. T. Edward Janney, MD

Address, 837 N. Gilmor St

Remarks,

18960003464

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 10th 96.
4. Place of Birth, (Street and Number) 1317 W. Franklin St.
5. Full Name of Mother, May E. Lemkuel
6. Mother's Maiden Name, May E. Schillinger.
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Fred. G. Lemkuel
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle M.D.

Address, 1203 West Fayette St.

Remarks,

L 8 9 6 0 0 0 3 4 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Every case of attendance at a birth shall become the duty of the physician or midwife in attendance to report the same to the Registrar of Vital Statistics, as required, and shall occur without the attendance of a physician or midwife, the father or mother shall report the same immediately thereafter. Any physician or midwife neglecting to report any case of attendance upon birth to the Commissioner of Health, as required by this section, and any child born within the period above required and without the attendance of a physician or midwife, and the father or mother of such child neglecting to report the same to the Registrar of Vital Statistics, as above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 10 1896
4. Place of Birth, (Street and Number) 1523 Montrose St
5. Full Name of Mother, Minnie Hilbert
6. Mother's Maiden Name, Carl
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Hilbert
9. Father's Occupation Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, L. Norwood Neal

Address, 729 N Fayette St

Remarks,

8960003465

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third day of each and every month a physician or practitioner in attendance at the birth of the person or parents of such child to report the same to the Commissioner of Health, on the ninth day thereafter; and if any such physician or midwife shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd.

1. Sex. (state whether male or female) Male
2. Race or Color. (if not of the white race) Colored
3. Date of Birth. Aug 10. 1926
4. Place of Birth. (Street and Number) 904 N. Pennsylvania Ave.
5. Full Name of Mother. Mrs Belle Banks.
6. Mother's Maiden Name. Miss Belle Williams
7. Mother's Birthplace. Baltimore.
8. Full Name of Father, Mr. James Banks
9. Father's Occupation Laborer
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return. Caroline Harris

Address, 610 N. Chapel St.

Remarks,

1896003467

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month the name of each physician or practitioner who shall have attended upon the mother, immediately after the birth of the person or parents of such child, or upon such child, and the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 10th 1896
4. *Place of Birth, (Street and Number)* 108 Marsh Market Space
5. *Full Name of Mother,* Rose Pearlmann
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Herman Pearlmann
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, H Pollack. M. D.

Address, 1112 Eutaw St. North

Remarks, Baby well developed, but cyanotic at birth and still blue when I left 1 1/2 hours after delivery.

8960003468

third day of each [illegible] attendance of a physician or practitioner [illegible] shall occur without the attendance of a physician or practitioner of the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. 76060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Wichie Clinton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, August 10 1896
4. Place of Birth, (Street and Number) 220 S McElderry St
5. Full Name of Mother, Dora Clinton
6. Mother's Maiden Name, Dora Clinton
7. Mother's Birthplace, Mathews Co Virginia
8. Full Name of Father, William Clinton
9. Father's Occupation Laborer in Brick yard
10. Father's Birthplace, St Mary's Co Md

Name of Medical Attendant, or other person who makes this Return, George Gaines Brooks

Address, 1751 Aliceken St

Remarks, no remarks

1896 0003469

Every birth and every stillbirth must be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after occurrence, by the attending physician or midwife, or in his or her absence from the city or default, by the householder or owner of the premises where the birth or stillbirth occurred, or by the parent of such child. Any person who shall refuse or neglect to report, as herein required, the birth or stillbirth of any child which shall have come to his knowledge, or who shall report any false or untrue statement concerning any birth or stillbirth, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five (5) dollars nor more than twenty (20) dollars for each offence. If any physician or midwife shall neglect to report the birth of any child attended by him or her within ten days after the third day of such attendance without the attendance of a physician or midwife, he or she shall forfeit to the use of the person who shall sue for the same the sum of one dollar for each day he or she shall neglect to report such birth to the Commissioner of Health, in the manner and within the time herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 12-31-58

RETURN OF A BIRTH. 76061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katharine M. Frank

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White race
3. Date of Birth, August 11th 1896
4. Place of Birth, (Street and Number) 1049 Argyle ave.
5. Full Name of Mother, Mary Frank
6. Mother's Maiden Name, Mary Kratz
7. Mother's Birthplace, Balto
8. Full Name of Father, John L. Frank.
9. Father's Occupation, Musician
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return.

Address, Midwife Theresa Gill 906 Druid Hill ave

Remarks,

1896 0003470

(No. 3.) Without the attendance of a Physician or Midwife it shall become the duty of the parent or householder in whose house any child shall be born hereafter, or of the nurse employed therein, to report such birth within the period above required, and the person so neglecting shall be subject to a penalty of ten dollars for each offense; and in the inquiry to be made by the Registrar of Vital Statistics, in the investigation of births reported in accordance with the provisions of this section, the person who shall fail to comply with the provisions of this section shall be subject to the same penalty as is provided in the case of any such person or persons who shall hereafter fail to report a birth to the Registrar of Vital Statistics, and all fines and forfeitures are recoverable, as aforesaid, to be recovered as other fines and forfeitures are collected.

1896. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 76062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 25
4. Place of Birth, (Street and Number) 342 Bartlett St
5. Full Name of Mother, Mary E. Burke
6. Mother's Maiden Name, " " Kalm
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Jno Burke
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Harrison

Address, 412 Scott St

Remarks,

third day of each and every month a physician or person who shall become the duty of the person or persons in charge of such institution to make such return, and shall occur without the attendance of a physician or person who shall become and within the period above required, and attendance upon the Health Commissioner of Health, to comply with the provisions of this section, shall be subject to a penalty of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1846000034711

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician, it shall become the duty of the midwife, nurse or other person in attendance upon the mother, immediately thereafter, to make report and within the period above required, and in the manner and form above prescribed, to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, August 1st
4. Place of Birth, (Street and Number) S. E. Cor. Bamberger & Hampton Sts
5. Full Name of Mother, Mary Albers
6. Mother's Maiden Name, " Gallagher
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Jr. Albers
9. Father's Occupation Polisher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Morgan

Address, 412 Sec'd St

Remarks,

8960003472

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 10th
4. Place of Birth, (Street and Number) 2023 Clough St.
5. Full Name of Mother, Mary Catherine Harris Clarke
6. Mother's Maiden Name, Mary Catherine Harris
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew Joseph Clarke
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, G. G. Rush M.D.

Address, 2020 E. Baltimore St.

Remarks, Forceps delivery

L 8 7 6 U 6 0 3 4 7 3

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shall occur without the attendance of a Physician, it shall become the duty of the person above required, and in attendance upon the mother, immediately after birth, in the manner and within the period above specified, to report such birth to the Council hereafter fail to comply with the provisions of this section, such person shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Aug 11th 1896
4. *Place of Birth, (Street and Number)*	#16 Hollins St East
5. *Full Name of Mother,*	Mrs. Annie Ehalt
6. *Mother's Maiden Name,*	Miss. " Schneyer
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	George Ehalt
9. *Father's Occupation*	Brewer
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hilker
Address,	#2008 N. Hemp St
Remarks,	

8960903474

shall occur without the attendance of a physician, midwife or other person, it shall become the duty of the parent, householder or other person in attendance upon the mother, immediately thereafter, to make a return in writing to the Registrar of Vital Statistics within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall wilfully refuse or neglect to make such return or report, or who shall wilfully

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GIVEN NAME ADDED 10-14-58

RETURN OF A BIRTH 76166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sophia Tecla Radawicz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 11 1896
4. Place of Birth, (Street and Number) 641 Portland st
5. Full Name of Mother, Veronica Radawicz
6. Mother's Maiden Name, Veronica Stenkowicz
7. Mother's Birthplace, Russia
8. Full Name of Father, Martin Radawicz
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Johanna T. Zeluis M D

Address, 1938 1/2 W. Pratt st.

Remarks,

18960003475

Wm. J. C. Dulany Co., City Printers and Stationers.

Any failure to report the birth of each and every male child born alive, within the city of Baltimore, after the expiration of the third day of such birth, and every month thereafter, until the same is reported, shall be punishable by a fine of not less than ten dollars nor more than fifty dollars, at the discretion of the physician or practitioner in attendance upon the mother, immediately thereafter, if in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, ~~&c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of~~ the white race)
3. Date of Birth, August 12th 1896
4. Place of Birth, (Street and Number) 2510 E Biddle St
5. Full Name of Mother, Ida E Hornick
6. Mother's Maiden Name, " " Beckwith
7. Mother's Birthplace. Balto City
8. Full Name of Father, Capt Henry Hornick
9. Father's Occupation Mariner
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. J Ridgway André M.D.

Address, 1123 E Balto. St.

Remarks,

8966003476

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a Physician, he shall become the duty of the parent above required, and whenever upon the mother, immediately thereafter, in the manner and within the period above specified, to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-20-58

RETURN OF A BIRTH. 76068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alma Estella Waters

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 12th 96
4. Place of Birth, (Street and Number) 116 E Randall st
5. Full Name of Mother, Flora May Waters
6. Mother's Maiden Name, Flora May Underwood
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Abraham Lincoln Waters
9. Father's Occupation. Shoe finisher
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, W Elmer Hamming

Address, 10 N Eutaw st 1100 Calhoun st

Remarks,

Third days' notice of the attendance of a physician at any birth shall become the duty of the [illegible] shall occur without the attendance of a physician, [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

8460003477

456, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 76069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 — 2
1. *Sex, (state whether male or female)*	W
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 12 — 99
4. *Place of Birth, (Street and Number)*	607 E. Chase St
5. *Full Name of Mother,*	M. J. Leyer
6. *Mother's Maiden Name,*	Hines
7. *Mother's Birthplace,*	B. Co.
8. *Full Name of Father,*	Jos. Leyer
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	B. Co.
Name of Medical Attendant, or other person who makes this Return.	Emily Miller
Address,	1927 St. Paul St.
Remarks,	

8960003478

third day of each and every month by the physician or midwife, or such other person as shall have charge of the case, without the attendance of a physician or midwife, and in default thereof by the parents of such child, each and every person who shall hereafter fail to report its birth to the Board of Health, in the manner and within the period above mentioned, after such person or persons shall have received notice of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 3/22/11

RETURN OF A BIRTH. 76070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: EDMUND FRANKLIN WOELPER

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 12/96
4. Place of Birth, (Street and Number) 2412 Fairmount ave
5. Full Name of Mother, Blanche C. Woelper
6. Mother's Maiden Name, Blanche C. Gibson
7. Mother's Birthplace, Deal's Island, Md.
8. Full Name of Father, Benj F. Woelper Jr
9. Father's Occupation, Clerk
10. Father's Birthplace, D C

Name of Medical Attendant, or other person who makes this Return, Geo. L. Williams

Address, 6 N. Broadway.

Remarks, DATE RECORDED - 1896

8960003479

shall occur without the aforesaid certificate of the physician, midwife or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person required to make return to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of [illegible] thereof, it shall become the duty of the [illegible] attendance upon the mother, immediately thereafter, to report the same to the Registrar of Vital Statistics, in the manner and within the period above required, and [illegible] for every such neglect or refusal to comply with the requirements of this section shall be subject to a penalty of ten dollars, which may be recovered before any Justice of the Peace of this State. And any such person or persons who shall refuse or fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 12 1896
4. *Place of Birth, (Street and Number)* N 1509 Mcculloch st
5. *Full Name of Mother,* Lucy Vesey Stanley
6. *Mother's Maiden Name,* Lucy Vesey Stanley
7. *Mother's Birthplace,* Andrews Md Co
8. *Full Name of Father,* William E Stanley
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Cambridge Md Dorchester Co

Name of Medical Attendant, or other person who makes this Return,

Address, 623 north Dolphin

Remarks, Doctor Nell

B 9 6 0 0 0 3 4 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7600 72

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 12
4. Place of Birth, (Street and Number)	700 West Lombard
5. Full Name of Mother,	Anna Sigel
6. Mother's Maiden Name,	Anna Lorenz
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Wilhelm Sikel
9. Father's Occupation	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Hildegonda Oliver
Address,	736 St Peter St
Remarks,	

8960003481

third day of each and every month of a physician or midwife, or in the absence of the person or persons required to report, the occupier of the house in which such birth shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons present at the birth, or in the absence of such attendance, the nearest relative of the child present within the city of Baltimore, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 11 th 1896
4. Place of Birth, (Street and Number) 1727 William st.
5. Full Name of Mother, Amie Naber.
6. Mother's Maiden Name, Adelhard
7. Mother's Birthplace, Germany
8. Full Name of Father, Christ Naber
9. Father's Occupation Workman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Schwarz

Address, 43 E. Fort Ave

Remarks,

shall occur without the same immediately thereafter, it shall become the duty of the person above required, and in the manner and with the penalties provided in the preceding section shall be subject to report the same. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960003482

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Aug. 13 th.
4. Place of Birth, (Street and Number) #206 Madeira st.
5. Full Name of Mother, Mary Caser.
6. Mother's Maiden Name, Mary Keiser
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Caser
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary A. Peltner

Address, 241 S. Chester st

Remarks,

and occur without [illegible] and thereafter it shall become the duty of the parent above required, and in the absence of the parent, the person who shall have charge of the child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately after the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be received as other fines and forfeitures are recoverable.

8960003483

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 76075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug 7th 1896
4. Place of Birth (Street and Number), 1181 York Ave
5. Full Name of Mother, Louisa Kistner
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Maryland
8. Full Name of Father, Ernest Kistner
9. Father's Occupation, Merchant
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. H. G. Prentiss, M. D

Address, 829 Gorsuch Ave

Remarks,

B 4 6 0 0 0 3 4 8 4

...ch to be ... physician or practitioner in the city of the person or persons ... required, and any such person or persons ... the attendance of a physician or practitioner it shall become ... within the period above required shall be subjected to the fine of ... mother, immediately on the said birth, and shall be subjected to the fine of ... the Commissioner of Health, in the manner provided by the ordinances ... Any physician or practitioner who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of forty (40) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...n ... e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 76076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Of the Colored Race

3. Date of Birth, Aug 8 1896

4. Place of Birth, (Street and Number) Baltimore 12 W. Preston

5. Full Name of Mother, Hulda Brown

6. Mother's Maiden Name, G. Pendleton

7. Mother's Birthplace, Virginia

8. Full Name of Father, George E Brown

9. Father's Occupation, Train Porter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Meyers Midwifery

Address, ~~[illegible]~~ No 722 Bradley St

Remarks,

... attendance upon the mother, immediately thereafter, ... of Health, in the manner and within the period above required ... child to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 76077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug 9th 1896
4. Place of Birth (Street and Number), 412 Colvin Ave
5. Full Name of Mother, Clara Turner
6. Mother's Maiden Name, " Clark
7. Mother's Birthplace, England
8. Full Name of Father, Chas. Turner
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. H. G. Prentiss. M. D.

Address, 809 Gorsuch Ave.

Remarks,

BV 6 0 8 9 3 4 8 5

Each and every neglect of a physician or practitioner of medicine, midwife, or other person or parents in attendance, to comply with the provisions of this section, shall subject the person or persons neglecting to a penalty of ten dollars, to be recovered as other fines and forfeitures are recoverable.

Who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 7678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Birth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, August 9 — 1896
4. Place of Birth, (Street and Number) 1149 Brighton Street, Bto
5. Full Name of Mother, Mary B. Wilson
6. Mother's Maiden Name, Mary Baker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Wilson
9. Father's Occupation Coachman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Lady M. Johnson

Address, 1430 Hollins Street

Remarks, Name conferred. Edward Boyer Haines. Wes

1896000034 87

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third day of each and every month to the physician or practitioner or to the duty of the person or parents of such child to see that the attendance of a physician or practitioner is had, as hereinafter required, and shall occur without such attendance, it shall become and within the period above specified, and the mother, immediately after the birth, in the manner and within the time specified, and attendance upon the mother, immediately after the birth, in the manner and within the provisions of this section shall be subject to the penalty hereinafter provided. Every such physician or midwife who fails to comply with the provisions of this section shall also report his birth to the Board shall hereafter fail to report such birth to the Board shall hereafter fail to be recovered no other fines and forfeitures are recoverable. any such person or persons dollars for each offence, to be recovered no other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered no other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 August
4. Place of Birth, (Street and Number) 825 S Dallas Str.
5. Full Name of Mother, Victory Rachuba
6. Mother's Maiden Name, J. Teldar
7. Mother's Birthplace, Pole
8. Full Name of Father, Frank Rachuba
9. Father's Occupation Work-man
10. Father's Birthplace. Pole

Name of Medical Attendant, or other person who makes this Return, 838 S Bond Str.

Address. Mary Prett

Remarks, Baltimore Md.

1896000003488

[illegible] day [illegible] shall occur without the attendance of a physician [illegible] it shall become the duty of the person or [illegible] attendance upon the mother, immediately thereafter shall within the period above required, and [illegible] to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as

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RETURN OF A BIRTH. 76080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 August
4. Place of Birth, (Street and Number) S. Bond Str. 854
5. Full Name of Mother, Franci Kanicky
6. Mother's Maiden Name, Gelsley
7. Mother's Birthplace, Pole
8. Full Name of Father, Konstantyn Kanicky
9. Father's Occupation, Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return

Address, 838 S. Bond Str.

Remarks, Mary Pett

Baltimore Maryland.

1896 00 03489

Wm. J. C. Dulany Co., City Printers and Stationers.

Every case of birth occurring in the practice of a physician or midwife in become the duty of the person to give notice of the birth required, and after the expiration of ten days, and within fifteen days thereafter it shall be the duty of such physician or midwife to report the birth in the manner and within the time required, and shall deliver upon the mother's confinement a blank form of return, which shall contain the questions required by this section. Every physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 12th 1896
4. Place of Birth, (Street and Number) 2821 Hudson St
5. Full Name of Mother, Mary McCormick
6. Mother's Maiden Name, Mary Rumery
7. Mother's Birthplace, Maryland
8. Full Name of Father, John A. McCormick
9. Father's Occupation. Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. H. Johnson M.D.

Address, 1716 E. Pratt St.

Remarks,

8960003490

That any person who shall neglect or refuse to report the birth of a child, or the attendance of a physician or midwife at any birth, as required by law, or shall report any false information relative thereto, or shall neglect or refuse to furnish such information as he may possess relative to any birth which shall occur without the attendance of a physician or midwife, shall become liable to a penalty of ten dollars, to be recovered, with costs, for the use of the city, in the period above required, and immediately thereafter, in the manner and with the provisions of this section shall be recoverable. Every physician or midwife in attendance upon a birth is hereby required to report the same within the time and in the manner prescribed in this section, and any such physician or midwife who shall after fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 76082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 August
4. Place of Birth, (Street and Number) Canton Avenue 1537
5. Full Name of Mother, Annie Fiš
6. Mother's Maiden Name, Marmolowna
7. Mother's Birthplace, Pole
8. Full Name of Father, Albert Fiš
9. Father's Occupation, Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S Bond Str.

Remarks, Baltimore Maryland

8 9 6 U 0 0 3 4 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 August
4. Place of Birth, (Street and Number) Thames Str 625
5. Full Name of Mother, Julie Wisniewska
6. Mother's Maiden Name, Grigs
7. Mother's Birthplace, Pole
8. Full Name of Father, Lorenz Wisniewsky
9. Father's Occupation, Workingman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S Bond Str.

Remarks, Baltimore Maryland

8460003492

third day of each and every month, the name of every child born within the city during the preceding month, and the name of the attending physician or practicing midwife, if there shall be one in attendance; and in case there shall be no physician or midwife in attendance upon the mother at the birth of her child, or in case the child is born dead, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within ten days thereafter. It shall be the duty of the Commissioner of Health to furnish blank forms for the returns required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 76084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13 of August 1896
4. *Place of Birth, (Street and Number)*	2227 N Hurd st
5. *Full Name of Mother,*	Louis Weinstein
6. *Mother's Maiden Name,*	Louis Kluehl
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Weinstein
9. *Father's Occupation*	Klapner
10. *Father's Birthplace,*	Germanie
Name of Medical Attendant, or other person who makes this Return.	Louise Svatora
Address,	1010 Durham st
Remarks,	

1896000003493

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third day or each and every subsequent day during which the violation of this section shall continue, and any person who shall become the duty of the person or persons required, and shall neglect or refuse to perform such duty within the period above required, and without the attendance of a physician or midwife (as the case may be), shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 13, 1896

4. Place of Birth, (Street and Number) 1330 Aisquith St

5. Full Name of Mother, Bertha L Kerney

6. Mother's Maiden Name, Dill

7. Mother's Birthplace, Balto

8. Full Name of Father, Frank M. Kerney

9. Father's Occupation Salesman

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. B. Schwatka M. D.

Address, 1093 N. Bway

Remarks,

B 2 6 0 0 0 0 3 4 9 4

shall occur without the attendance of a physician or midwife, it shall become the duty of the father, mother, nurse or householder in whose house or tenement such birth shall occur, to report the same to the Registrar of Vital Statistics, in the manner and within the period above required, and in default thereof, or in case of the refusal or neglect of any person to comply with the provisions of this section, while he shall continue in attendance upon the mother, or after he shall cease to attend, he shall forfeit and pay the sum of ten dollars; and any midwife who shall fail to report the birth of any child to which she may have been in attendance, as herein required, shall forfeit and pay the sum of five dollars; and any such person who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 76086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 13, 1896

4. Place of Birth, (Street and Number) 2404 Druid Hill Ave

5. Full Name of Mother, Margaret M. Rodgers

6. Mother's Maiden Name, Morrison

7. Mother's Birthplace, Indiana

8. Full Name of Father, John T. Rodgers

9. Father's Occupation Salesman

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. O. Edward Janney M.D.

Address. # 837 N. Calvert St

Remarks.

1896 0003495

Wm. C. Dulany Co., City Printers and Stationers.

third day of each and every month, the name and residence of the person or persons on whose premises or in whose house such child was born, and the name and residence of the physician or midwife who shall have been in attendance upon the mother, (unless the Commissioner of Health, in the manner and with the powers provided in section 1 of this ordinance, shall be satisfied that such child is not likely to become a public charge, and that the requirements of this section shall be sufficiently complied with by the return of the physician or midwife in attendance upon the mother,) and the Commissioner of Health, in the manner and with the powers provided in section 1 of this ordinance, shall be satisfied that such child is not likely to become a public charge, and that the requirements of this section shall be substantially complied with by the return of the physician or midwife in attendance upon the mother, and every person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 of August 1896
4. Place of Birth, (Street and Number) 1633 Miles st
5. Full Name of Mother, Nally Poiters
6. Mother's Maiden Name, Nally Sibey
7. Mother's Birthplace, Germanie
8. Full Name of Father, De Poidier
9. Father's Occupation Photographer
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Luise Watara

Address, 910 Durham st

Remarks,

B 2 6 0 0 0 3 4 9 6

third day of each and every month of a [illegible] or practitioner of [illegible] the person or persons [illegible] shall occur without the attendance of a physician or [illegible] shall become the duty of the person or persons [illegible] required, and attendance upon the mother, immediately [illegible] the manner and within the period [illegible] required, and child to report its birth to the Commissioner of Health as aforesaid, any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Children

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color Race
3. Date of Birth, Date of Birth 14 day of aug
4. Place of Birth, (Street and Number) Born in Gorgas st 747
5. Full Name of Mother, Emma Leppien
6. Mother's Maiden Name, Emma Chase
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Otto A Leppien
9. Father's Occupation, Tenster
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Mason 687 W Mar

Address, 687 West Mary

Remarks,

8960003497

Third day of each month a physician or person who shall sign the certificate of birth of the person or parents of such child to report it to the Commissioner of Health, in the manner and with the information required, and attendance upon the mother, Commissioner of Health, in the manner and with the information required, and shall occur without the attendance of any physician or person who shall sign the certificate of birth of the person or parents of such child to report it to the Commissioner of Health, in the manner and with the information required, and attendance upon the mother, Commissioner of Health, in the manner and with the provisions of this section shall be subject to the same penalties for neglect or refusal to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 14th 1876
4. Place of Birth, (Street and Number) 241 Cross st
5. Full Name of Mother, Iggie Bayless
6. Mother's Maiden Name, Gansler
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Sayless
9. Father's Occupation Workman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Chas Aenie Schwartz

Address, 23 E Lombard Ave

Remarks,

BV 6 0 0 0 3 4 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Be sure to fill in the number, immediately hereafter, in the manner and within the period of time prescribed in the foregoing section. Any person in attendance upon the mother, immediately after the birth of a child, who shall neglect or refuse to comply with the provisions of this section shall be subject to report the birth to the Commissioner of Health, or who shall neglect or fail to report the same as required by this section shall be subject to the like fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 14 96
4. Place of Birth, (Street and Number) 1129 West Lanvale st
5. Full Name of Mother, Laura M Heberlein
6. Mother's Maiden Name, Laura M Boglestreet
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John H Heberlein
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr Chas Hemmeter

Address, 1011 Eutaw st & 11.00 Calhoun st

Remarks,

5960003499

third day of each and every month a physician or person in charge of the lying-in establishment shall report to the Commissioner of Health, in the manner and within the period above required, and shall continue to report immediately thereafter if such attendance or charge shall continue. Any person who shall fail to report the birth of a child at which he was present in attendance upon the mother, or who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall hereafter fail to report the birth of a child as required by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-1-56

RETURN OF A BIRTH. No 91

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Albert Phillip Martin

1. Sex, (~~state whether male or female~~) male

2. Race or Color, (~~if not of the~~ white race) W

3. Date of Birth, Aug 14th 1896

4. Place of Birth, (Street and Number) 104 N Howard

5. Full Name of Mother, Nellie Martin

6. Mother's Maiden Name, Mahon

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Albert P Martin

9. Father's Occupation Carpenter

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. J Ridgway Andre M.D.

Address, 1123 E Balto St

Remarks,

B 4 6 U 0 3 5 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the limits of the city hereafter, it shall become and be the duty of the person in charge of the house or other place where such birth occurs, or in case of a birth upon the mother, immediately upon the birth, to report the same to the Commissioner of Health, in the manner and with the particulars required by the provisions of this section shall be subject to a fine of not less than five nor more than ten dollars for each offence. And any person who shall hereafter fail to comply with the provisions of this section shall be subject to the like penalty, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 14

4. Place of Birth, (Street and Number) 621 N Bethel st

5. Full Name of Mother, Victorous Boyd Watkins

6. Mother's Maiden Name, Victorous

7. Mother's Birthplace, Baltimore MD

8. Full Name of Father, Samuel L Boyd

9. Father's Occupation Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Caroline Patterson

Address, 623 No Dallas St

Remarks, Doing as well as can Expect

8 4 6 U 0 0 3 5 0 1

this day ... without the attendance of a physician ... it shall become the duty of the ... within the period above required, and shall occur upon the mother, immediately thereafter, in the manner and with the particulars of this section, and the Commissioner of Health to comply with the ... sections are recoverable. ... report its birth to the Commissioner of Health ... any such person or persons who shall hereafter offend, to be recovered as other fines and forfeitures are recoverable. ... Jected to the fine of ten (10) dollars for each offence.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 6-23-54

RETURN OF A BIRTH. 76093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Hartka

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~14~~ August 12, 1896
4. Place of Birth, (Street and Number) Hall Str. 1225
5. Full Name of Mother, Annie Hendrika Hartka
6. Mother's Maiden Name, Wisnewska Wisniewski
7. Mother's Birthplace, Pole
8. Full Name of Father, Frank Hartka
9. Father's Occupation Wate-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return.

Address, 838 S Bond Str.

Remarks, Mary Gett

Baltimore Maryland

1896 00 03502

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month a physician or practitioner in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Stillmale

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August the 14

4. Place of Birth, (Street and Number) 921 Park Ave

5. Full Name of Mother, Elmira Campbell

6. Mother's Maiden Name, Elmira Johnson

7. Mother's Birthplace, Baltimore City Md

8. Full Name of Father, Mathew Campbell

9. Father's Occupation Cabinet Maker

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Caroline Lucas Colored

Address,

Remarks,

1896000003503

This copy of each birth certificate of a physician or person who shall become the duty of the person or persons required, and shall occur without the attendance of a physician, it shall become the duty of the person or persons required, and attendance upon the child to report, in the manner and within the period above named, to the Commissioner of Health, in writing, all the particulars required to be reported by physicians, and in addition thereto the name and residence of the person in attendance upon the mother, and the reason why the services of a physician were not employed. And it shall be the duty of each and every person or persons who shall hereafter perform the duties of midwife, to comply with the provisions of this section, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the penalties of this section, and forfeitures are recoverable. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 76095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 15 / 1896
4. *Place of Birth, (Street and Number)* 636 N. Conway St.
5. *Full Name of Mother,* Nettie ~~Marshall~~ Woodall
6. *Mother's Maiden Name,* " Marshall
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Howard Woodall
9. *Father's Occupation* Packer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. H. J. Carrick, M.D.

Address. 1204 Madison Ave

Remarks. Formerly 1316 Myrtle Ave

1 8 4 6 0 0 0 3 5 0 4

[illegible] shall occur without the attendance of a physician, [illegible] it shall become the duty [illegible] within the period above required, and attendance upon the mother, immediately thereafter [illegible] in the manner and within the provisions of this section shall be sub- child to report its birth to the Commissioner of Health, [illegible] any such person or persons who shall hereafter fail to comply with the provisions [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7 Oct 96

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Ind.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 15 96
4. Place of Birth, (Street and Number)	139 N. Monteford ave.
5. Full Name of Mother,	Isabelle E. Roberts
6. Mother's Maiden Name,	" Magaw
7. Mother's Birthplace,	B. C.
8. Full Name of Father,	Thomas Roberts
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	B. C.
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Nicholas M.D.
Address,	6 N. Broadway.
Remarks,	

1 8 9 6 0 0 0 3 5 0 5

shall occur within the city, immediately thereafter (it shall be the duty of the attendance upon the mother, to make return of the birth to the Commissioner of Health, in the manner and within the period above stated, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 15 1906

4. Place of Birth, (Street and Number) SE cor Fayette & Appleton

5. Full Name of Mother, Ida Elizabeth Hauser

6. Mother's Maiden Name, Riese

7. Mother's Birthplace, Maryland

8. Full Name of Father, Paul C. E. Hauser

9. Father's Occupation Druggist

10. Father's Birthplace. Maryland

Name of Medical Attendant, or other person who makes this Return, Dr Norwood

Address, 930 N Fayette St

Remarks, 6 9 6 0 0 0 3 5 0 6

Third day of each month the attendance of a physician or person in charge of the case at the birth of a child is required, and shall occur without the attendance of a physician or person in charge of the case at the birth of a child is required, and attendance upon the same shall immediately thereafter be reported to the Commissioner of Health, in the manner and with the particulars required, and failure to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. Nov 98

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 16th 1898
4. Place of Birth, (Street and Number) 1431 E Chester St Balto
5. Full Name of Mother, Mrs. Carrie McKeon
6. Mother's Maiden Name, Mrs. Carrie Michael.
7. Mother's Birthplace, Philadelphia Pa.
8. Full Name of Father, Wm H McKeon.
9. Father's Occupation Laborer
10. Father's Birthplace, West Moreland Co. Va.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, 1611 Patterson Pk Ave Balto

Remarks,

18960003507

Third day of each and every month, by a physician or practitioner of midwifery, or the person or parents of such child occur without the attendance of a physician or practitioner of midwifery, then by the person or parents of such child, where the mother, immediately thereafter, it shall become the duty of the person in charge of the house where the birth occurs, or the nearest relative present, or the undertaker who shall be employed in the burial of the child to report its birth to the Commissioner of Health, in the manner as above directed, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76099

GIVEN NAME ADDED 5-7-58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Katie ~~Rosenblatt~~

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state ~~whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, August 16th 1896
4. Place of Birth, (Street and Number) 22 N High St
5. Full Name of Mother, Esta Rosenblatt
6. Mother's Maiden Name, " Cohen
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris Rosenblatt
9. Father's Occupation Shoemaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, I. Ridgeway Andre M.D.

Address, 1123 E Balto St

Remarks,

shall occur without the limits immediately thereafter, it shall be the duty of the person in attendance upon the mother, immediately after the birth, in the manner and within the period above required, to make a return of such birth to the Registrar of Vital Statistics of the City of Baltimore; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 6 0 0 0 3 5 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 76/100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 August
4. Place of Birth, (Street and Number) Central Avenue 125
5. Full Name of Mother, Mary L Dockel
6. Mother's Maiden Name, Bohmen
7. Mother's Birthplace. Joseph Dockel
8. Full Name of Father, Cannmaker
9. Father's Occupation Bohmen
10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return, 838 S Bond Str.

Address, Mary Prett

Remarks, Baltimore Maryland.

8960003509

third day of each and every month of a physician or practitioner or other person having the duty of the person or parents to give information, as aforesaid, shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents to give information, as aforesaid, immediately thereafter. It shall moreover be the duty of the Registrar of Vital Statistics, to visit, in a timely manner and within the period above specified, the residence of every child born in the City of Baltimore, of which no return shall have been made to him, and to ascertain upon the best information he can obtain, the particulars required to be registered, and attendance upon the Health Commissioner or Health Officer, to comply with the provisions of this section. Any person required by this section to report the birth of a child to report, as aforesaid, who shall wilfully neglect or refuse to do so, and any midwife or other person who shall knowingly make any such report falsely, shall be guilty of a misdemeanor and upon conviction thereof shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	Aug. 17th 1896
4. Place of Birth, (Street and Number)	1448 Augusta St.
5. Full Name of Mother,	Kate Amelia Grimmel.
6. Mother's Maiden Name,	Kate Amelia Treff.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	John Grimmel.
9. Father's Occupation	Butcher.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Alfred B. Giles M. D.
Address,	1324 Augusta St.
Remarks,	

8960003510

shall occur without the city limits, and shall thereafter be brought into the city, or shall become and within the period above required, such attendance upon birth to the Commissioner of Health, in the manner and with the provisions of this section shall be the duty of the physician, midwife, nurse, father, mother, immediately thereafter in the manner and with the provisions of this section shall be the duty of the physician, midwife, nurse, father, mother, immediately thereafter full to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. And every person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 96102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Aug 18-96
4. Place of Birth, (Street and Number) 2025 Christian St
5. Full Name of Mother, Rachel A. Royfen
6. Mother's Maiden Name, Anschelas
7. Mother's Birthplace, Russia
8. Full Name of Father, Ruben Royfen
9. Father's Occupation, Button maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. J. Wm. Funck M.D.

Address, DR. J. WM. FUNCK, 1014 FULTON AVENUE, BALTIMORE.

Remarks,

6900 03511

If any physician or midwife shall become the duty of the person required, and shall neglect or refuse to make such return within the time and in the manner and with the particulars required by this section, he shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

G. BULLEY & CO., PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 7/6/03

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) femal

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, aug the 19 96

4. Place of Birth, (Street and Number) 2235 Dallas St

5. Full Name of Mother, Mollie Borton

6. Mother's Maiden Name, Mollie Jackson

7. Mother's Birthplace, Dorchester Co

8. Futt Name of Father, John Borton

9. Father's Occupation Driver

10. Father's Birthplace, Baltimore and

Name of Medical Attendant, or other person who makes this Return, George and Brooks

Address, 115 N Liken St Baltimore

Remarks, 16 months Boorn before time

8960003512

Wm. J. C. Dulany Co., City Printers and Stationers

Every midwife shall be delivered, duly certified, to the order of the Commissioners of Health, or should no other person be in attendance at the birth, the midwife shall herself become the duty of the person or persons required, and shall report its birth to the Council hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovable.

Over

RETURN OF A BIRTH. 76 104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur within the City thereafter, it shall become the duty of the person required to report the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, or if there be no such attendant, then of the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) William J. Murphy Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 19. 1896
4. Place of Birth, (Street and Number) 1115 Elizabeth. Lane
5. Full Name of Mother, Delia Murphy
6. Mother's Maiden Name, Delia Kelly
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, William J. Murphy
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Ellen nora. a. anderson

Address, 1434. Patapsco. St

Remarks,

1896 00035 13

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 2nd 1896
4. Place of Birth, (Street and Number) 115 N. Bond.
5. Full Name of Mother, Mary Behrens
6. Mother's Maiden Name, Mueller
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Bernard Behrens
9. Father's Occupation Cabinet Clerk
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauerhoff

Address, 439 N. Central Ave.

Remarks,

8760203514

Fifty days after the birth of a child, the attendance of a physician or midwife shall become the duty of the person or persons in charge of the case, and shall occur without the attendance of a physician or midwife, in the manner and within the period above required, and attendance upon the mother. Commissioners of Health, in the county where the birth occurs, shall be notified by the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the penalty of one hundred dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 2-9-56

RETURN OF A BIRTH. 76106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ida Grey ~~Fentress~~ Fentress.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 18th 1896
4. Place of Birth, (Street and Number) 1211 Argyle ave
5. Full Name of Mother, Virginia L Fentress
6. Mother's Maiden Name, " " Walker
7. Mother's Birthplace, Virginia
8. Full Name of Father, Walter L. Fentress
9. Father's Occupation Produce Merchant
10. Father's Birthplace, Carrollton Maryland

Name of Medical Attendant, or other person who makes this Return, Harvey Hull M.D

Address, 807 N. Arlington ave.

Remarks,

8460003515

Wm. J. C. Dulany Co., City Printers and Stationers

To the duty of the person required to report the occurrence of a birth, it shall become the duty of the person required, and attendance such birth to the Commissioner of Health to comply with the provisions of this section shall be punished by a fine of not less than five dollars nor more than fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall neglect or refuse

RETURN OF A BIRTH. 76107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 18. 96
4. Place of Birth, (Street and Number) 784 Columbia Ave
5. Full Name of Mother, Louise Bieberbach
6. Mother's Maiden Name, Louise Hettling
7. Mother's Birthplace, Balto
8. Full Name of Father, Ernst Bieberbach
9. Father's Occupation, Confectioner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm Gombel M.D.

Address, 837 W. Fayette St.

Remarks,

5960003516

Wm J. C. Dulany Co., City Printers and Stationers.

shall occur within the district immediately thereafter it shall be the duty of the person required by this section to report the birth to the Commissioner of Health, in the manner and within the period above required, under the penalties provided in the preceding section of this ordinance upon the mother, immediately thereafter if she be able, and if not able, then the father of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, under the penalties provided in the preceding section of this section shall be subject to like fine or penalty; and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76108

GIVEN NAME ADDED 10/4/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Gordon Wagner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 18th 1896
4. Place of Birth, (Street and Number) 1619 & 1621 E Lombard
5. Full Name of Mother, Annie Kate Wagner
6. Mother's Maiden Name, " Wellslager
7. Mother's Birthplace, Baltimore
8. Full Name of Father, C. W. H. Wagner
9. Father's Occupation Saloon & Restaurant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. T. Speckmann M.D.

Address, 14 N Patterson Park Ave

Remarks,

8960003517

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall neglect to report any birth occurring within his knowledge, or any person who shall refuse or neglect to furnish any information required of him by the Commissioner of Health, in the manner and within the period above required, or who shall refuse or neglect to appear in person or by representative at the office of the Registrar of Vital Statistics, when required to do so by the Commissioner of Health, in the manner and within the period above required, or who shall refuse or neglect to attend upon the Board of Health, or any member thereof, if duly summoned to appear before it, shall become and be subject to the penalties provided for the violations of this section, which shall be substantially as follows, to wit: Any person who shall fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars, and in default of payment of such fine shall be imprisoned in the city jail for not more than thirty days; and any such person or persons who shall become subject to the penalties provided for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	Aug. 18th.
4. Place of Birth, (Street and Number)	#2216 Madeira Court
5. Full Name of Mother,	Christina Gross
6. Mother's Maiden Name,	Christina Drager
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Vincent Gross
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary A. Pertner
Address,	#241 S. Chester St
Remarks,	

1896000035 18

Co., City Printers and Stationers.

RETURN OF A BIRTH. 76110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 1- first

1. Sex, (state whether male ~~or female~~) male
2. Race or Color, (~~if not of the white race~~) Colored
3. Date of Birth, 20 of August 1886 at 10 min of 6. P.M.
4. Place of Birth, (Street and Number) 805 Shuter Street
5. Full Name of Mother, Amanda Felman Pitts
6. Mother's Maiden Name,
7. Mother's Birthplace, Frontral V.A.
8. Full Name of Father. Levi. Felman.
9. Father's Occupation, labor
10. Father's Birthplace, Mercersburg Penn. Pennia

Name of Medical Attendant, or other person who makes this Return. Josephine Cooper

Address, 821 Shuter Street

Remarks, Mother and child at first was weak but is better

Baltimore Md

BY60003519

Any person who shall neglect or refuse to make the return required by this act, or shall make a false return, or shall neglect or refuse to report to the Commissioner of Health, in the manner and within the period above required, the birth of any child, or shall neglect or refuse to comply with the provisions of this act in any particular, or shall aid, abet or assist in any such neglect or refusal, or shall counsel or advise the same, or any parent, guardian or other person having the control of any child who shall fail to report the birth of such child as required by this act, or any physician, midwife or other person who shall attend upon any birth and shall fail to report the same as required by this act, or any person who shall violate any of the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 76111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) femail
2. Race or Color, (if not of the white race) colord. nall.
3. Date of Birth, august. 20.
4. Place of Birth, (Street and Number) 1013. Eutaw St
5. Full Name of Mother, Mattie. Jordan
6. Mother's Maiden Name, Mattie. Robinson.
7. Mother's Birthplace, northumbland. Co. Va.
8. Full Name of Father, Arthur Jordan
9. Father's Occupation sailing
10. Father's Birthplace, northumbland. Co. va.

Name of Medical Attendant, or other person who makes this Return, Ellar. Jackson

Address, 126. Perry. St

Remarks,

189600003520

month, and shall set forth the full name and occupation of its parents, and a certificate between the first and been conferred its sex, color, the full name and occupation of the practitioner in the form of a certificate ... In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be [illegible] to the office of the Commissioner [illegible], or should no other [illegible] such third day of each and every month to the office of the practioner of midwifery, or parents of such shall occur without the attendance of a physician or practioner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 14. 1896
4. Place of Birth, (Street and Number) 1923 Frederick ave
5. Full Name of Mother, Minnie Obrein
6. Mother's Maiden Name, Minnie Healey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jerry Obrein
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Johanna T. Gebers M.D.

Address, 1928½ W. Pratt st.

Remarks,

1 8 9 6 0 0 0 3 5 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4/6/13

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 Aug 1896
4. Place of Birth, (Street and Number) 830 Georgia Ave
5. Full Name of Mother, Eleanor E. Koch
6. Mother's Maiden Name, " " Davis
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William E. Koch
9. Father's Occupation Upholstering Business
10. Father's Birthplace, Frederick Co. Maryland

Name of Medical Attendant, or other person who makes this Return, Frank W. Gunnard

Address, 322 N. Greene St.

Remarks,

8 9 6 0 0 0 3 5 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

7614

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether it was one of a plural birth, and of such child or children of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 15th 1876
4. Place of Birth (Street and Number)	Battery av 1525
5. Full Name of Mother	Cordelia Tourney
6. Mother's Maiden Name	Cordelia Roberts
7. Mother's Birthplace	Jefferson Co Va
8. Full Name of Father	Nicholas Tourney
9. Father's Occupation	Engineer on B & O R R
10. Father's Birthplace	Balto Co Md
Name of Medical Attendant, or other Person who makes this Return.	J. E. Chagett
Address	188 South Eutaw st
Remarks	

8960 03523

RETURN OF A BIRTH. 76115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 17 1896
4. Place of Birth, (Street and Number) 522 Orchard St.
5. Full Name of Mother, Elizabeth Watkins
6. Mother's Maiden Name, " " Price
7. Mother's Birthplace, Lancaster Co Pa
8. Full Name of Father, Rolande Watkins
9. Father's Occupation Laborer
10. Father's Birthplace, Lancaster Co Pa

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1127 Druid Hill Ave

Remarks,

1896000035 24

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76176

To the Office of Registrar of Vital Statistics, Board of Health, 76176

BALTIMORE CITY.

within six days thereafter, stating whether still born or not, the full name, sex, color, date and place of birth, residence, and whether born alive or dead, and if born alive, whether still born or not, the full name, sex, color, date and place of birth, its or their physical condition, whether single, twin or triplet, and if one of twins or triplets, whether first born, second born or third born, its or their physical condition, whether still born or not, the full name, sex, color, date and place of birth, its or their physical condition, whether single, twin or triplet, and if one of twins or triplets, whether first born, second born or third born, its or their physical condition, and the maiden name of the mother of such child or children, and the residence, age, color, birthplace, and occupation of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 19 1896
4. Place of Birth (Street and Number)	1426 Madison ave
5. Full Name of Mother	Ella P Guttman
6. Mother's Maiden Name	Ella P Hamburger
7. Mother's Birthplace	Balto City
8. Full Name of Father	Samuel Guttman
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. E. Cloyd M.D.
Address	108 S. Eutaw St
Remarks	

1896000003525

RETURN OF A BIRTH. 76117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	Aug 20th 96
4. *Place of Birth, (Street and Number)*	1017 Parrish alley
5. *Full Name of Mother,*	Mary Moody
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Essex Co., Va.
8. *Full Name of Father,*	James Moody
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	West River, Md.
Name of Medical Attendant, or other person who makes this Return,	A. L. Rippelo
Address,	1408 Gilmor St.
Remarks,	

8 9 6 0 0 0 3 5 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name	Mary Elizabeth Kipp
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 20. 96
4. Place of Birth, (Street and Number)	323 Payson St
5. Full Name of Mother,	Gusta Kipp
6. Mother's Maiden Name,	Gusta Dilly
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph Kipp
9. Father's Occupation	Brickmason
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Johanna Zulueta M.D.
Address,	1928½ W. Pratt St.
Remarks,	

1896000035527

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 76119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	21 Aug. 1896.
4. *Place of Birth, (Street and Number)*	1412 Myrtle Ave.
5. *Full Name of Mother,*	Julia Louise Spilman,
6. *Mother's Maiden Name,*	Prevost,
7. *Mother's Birthplace,*	Balto. City,
8. *Full Name of Father,*	Rev. F. Spilman.
9. *Father's Occupation*	Drav. Calvary,
10. *Father's Birthplace,*	Augusta Ga.
Name of Medical Attendant, or other person who makes this Return.	J. F. Byrd M. D.
Address,	1007 W. Fayette
Remarks,	

64600037528

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, 76120

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3, 5

1. *Sex (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Aug. 21 1920

3. *Date of Birth* Penna Ave & Gwynn St

4. *Place of Birth, (Street and Number)* Mary Miller

5. *Full Name of Mother* Mary E. Inman

6. *Mother's Maiden Name* Balt

7. *Mother's Birthplace* Louis Meiler

8. *Full Name of Father* Steelworker

9. *Father's Occupation* Balt

10. *Father's Birthplace* James A. Fechtig

Name of Medical Attendant, or other Person who makes this Return. 951 Mosher Ave.

Address

Remarks

8960093528

condition, whether still born or not, the number previous
name of the mother of such child or children.

RETURN OF A BIRTH. 76121

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, the [illegible] whether still born or not, the full name, maiden name, [illegible] born, its or their physical condition, whether still born or not, the full name, maiden name, [illegible] of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 21st 1896
4. Place of Birth (Street and Number)	1708 N Fulton av
5. Full Name of Mother	Sarah I Pippin
6. Mother's Maiden Name	" Luther
7. Mother's Birthplace	Balto City
8. Full Name of Father	Wm J Pippin
9. Father's Occupation	Bookseller
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J E Clagett
Address	108 S. Eutaw St
Remarks	

8960003530

RETURN OF A BIRTH. 76122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 22. 1896
4. *Place of Birth, (Street and Number)*	503 W Lombard st.
5. *Full Name of Mother,*	Annie Pauza
6. *Mother's Maiden Name,*	Annie Miketa
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Antony Pauza
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Johanna Zelwer M. D.
Address,	1928½ W. Pratt st.
Remarks,	

1896U003531

Wm. J. C. Dulany Co., City Printers and Stationers.

shall die of each and every month to the Commissioner of ma-w city, of the person or parents of such third occur without the attendance of a physician or if a child become the within the period above named, and all attendance upon the mother and child immediately thereafter, in the manner and within the time aforesaid, and child to report in writing to the Commissioner after fail to comply with the provisions of this section shall be sub- any such person or persons who shall die each offence, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 1 1896
4. Place of Birth, (Street and Number) Washington st 219
5. Full Name of Mother, Sadie Aetzelberger
6. Mother's Maiden Name, Farmer
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Aetzelberger
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Naftis

Address, N Washington st No 205

Remarks,

84600035532

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 3. That if any person required by this ordinance to register any birth shall neglect or refuse to do so within the period above required, and if any midwife, nurse or other person in attendance upon the mother, immediately after the birth of a child, shall neglect or refuse to report such birth to the Commissioner of Health, in the manner and within the time specified in the provisions of this section, such midwife, nurse or other person in attendance upon the mother shall for each offence, upon conviction thereof before any court of competent jurisdiction, be fined not less than five dollars nor more than ten dollars; and if the parent or parents of any child born in the City of Baltimore hereafter shall fail to comply with the provisions of this section, such parent or parents shall be liable to the penalty hereinbefore provided for midwife, nurse or other person in attendance upon the mother, and the amount of such penalty may be recovered as other fines and forfeitures are recoverable. Jeckel to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 761 24

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* W. White
3. *Date of Birth,* August 31 & 96
4. *Place of Birth, (Street and Number)* Chapple at 112
5. *Full Name of Mother,* Margie Sherfey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mrs Sherfey
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Norman

Name of Medical Attendant, or other person who makes this Return, Mary Smaltis

Address, N Washington Ave at 205

Remarks,

Every birth shall occur without the attendance of a physician, it shall become the duty of the father, mother, nurse or other person in attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and each person neglecting to make such report shall be guilty of a misdemeanor, and upon conviction thereof for each offence, shall be subject to the fine of ten (10) dollars, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896 003533

RETURN OF A BIRTH. 76/258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, August 4th 1896
4. Place of Birth, (Street and Number) dover st 118
5. Full Name of Mother, Lurenea Tarver
6. Mother's Maiden Name, Lurenea stanton
7. Mother's Birthplace, Talbert County
8. Full Name of Father, Charly stanton
9. Father's Occupation labyer
10. Father's Birthplace, carter Maryland

Name of Medical Attendant, or other person who makes this Return, Conrad Jno Thomson

Address, 134 west Hoyt st

Remarks, full 9 months

8760303534

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or midwife, it shall become the duty of the person required, and shall be in his power, upon the mother's refusal or failure to comply with the provisions of this section, shall be liable to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Quu

RETURN OF A BIRTH. 76126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Michael Joseph Kearney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8-19-96.
4. Place of Birth, (Street and Number) #1026 Valley St.
5. Full Name of Mother, Hannah Kearney.
6. Mother's Maiden Name, Hannah Reily
7. Mother's Birthplace, Charlestown, C. C.
8. Full Name of Father, Michael J. Kearney
9. Father's Occupation Liquors.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, J. Dempsel M.D.

Address, 1103 Valley St.

Remarks,

1 8 9 6 0 0 0 3 5 3 5

third day of each and every month to the ... or practitioner of midwifery, of the person or parents of such ... shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such ... thereafter it shall become the duty of the period above required, and attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within this section shall be subjected to ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 8 1896
4. *Place of Birth, (Street and Number)* Durham St 910
5. *Full Name of Mother,* Francez Polenda
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* Charles Polenda
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Koptes

Address, S Washington St 208

Remarks,

[illegible] shall se[illegible] each and every month to the office [illegible] or a [illegible] third day of each and every month to the office [illegible] practioner of midwifery, or parents of such shall occur without the attendance of a physician or practioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960003536

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 21 1896
4. Place of Birth, (Street and Number) Castle st 114
5. Full Name of Mother, Sophia Berner
6. Mother's Maiden Name, Bohrmer
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Berner
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return Mary Hopkins

Address, N Washington st 201

Remarks,

8960 03537

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician, hereafter it shall become the duty of the midwife, nurse, mother, householder, or other person who shall within the period above required, and attendance upon its birth to the Commissioner of Health, in the manner as provisions of this section shall be complied with, and child as such person or persons shall be recovered as other fines and forfeitures are recoverable. deal with such person or persons for each offence, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 10 1896
4. Place of Birth, (Street and Number) Chapple at 721
5. Full Name of Mother, Mary A Wurz
6. Mother's Maiden Name, Bowyer
7. Mother's Birthplace, Hungary Austria
8. Full Name of Father, Robert
9. Father's Occupation Farmer
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mary Shapter

Address, S Washington st 205

Remarks,

1896 035538

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/6/30

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 11 1896
4. Place of Birth, (Street and Number) Chaiseper st 1903
5. Full Name of Mother, Katie Posek
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Antony Posek
9. Father's Occupation Laborer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Koplis

Address, N Washington st 205

Remarks,

I 8960 J03539

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician, it shall become the duty of the father, or in his absence, the mother, of such child, to report the birth to the Commissioner of Health, within the period above required, and attendance upon the mother and child, and to comply with the provisions of this section, shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any midwife or person who shall hereafter neglect or refuse to report the birth of any child attended by her or him, or who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 11 ~~1895~~ 1896
4. Place of Birth, (Street and Number) Rose St 210
5. Full Name of Mother, Sophie Lohaters
6. Mother's Maiden Name, Bohaimer
7. Mother's Birthplace, Franz Lohaters
8. Full Name of Father, Labor
9. Father's Occupation, Bohaimer
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return Mary Koptis

Address, N Washington st 20

Remarks,

B 96 0 0 0 3 5 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Whoever shall neglect or refuse to report the birth of any child, as required by this section, shall become the duty of the person required, and shall incur a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Whoever shall report the birth of any child otherwise than in the manner and within the period above required, and without the attendance of a physician or midwife, shall become immediately thereafter, a duly authorized Registrar of Births, and shall comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any midwife who shall neglect or refuse to report the birth of any child, as required by this section, shall incur a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 11 1896
4. Place of Birth, (Street and Number) S Hope st 709
5. Full Name of Mother, Elizabeth Sadowski
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Michael Sadowski
9. Father's Occupation Labor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kopitis

Address, N Washington st 205

Remarks,

B 4 6 U 0 0 3 5 4 1

third day of each and every month, the name of a physician or practitioner in attendance at the birth, if there be such, and if there be no such physician or practitioner in attendance, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and shall declare upon the information of the mother, immediately after the birth of such child, which of the persons above mentioned was in attendance upon the mother, immediately after the birth of such child; and the Commissioner of Health is hereby authorized and required to report any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 12 1896
4. Place of Birth, (Street and Number) Castle st # 16
5. Full Name of Mother, Mary Ruzezka
6. Mother's Maiden Name, Bohemian
7. Mother's Birthplace, Franz Ruzezka
8. Full Name of Father, Labor
9. Father's Occupation Bohemian
10. Father's Birthplace, Xavier Koptis

Name of Medical Attendant, or other person who makes this Return:

Address, N Washington st 20

Remarks,

1896 0003542

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each month the attendance of a physician or person who shall become the duty of the person or persons of such shall occur within the mother, immediately after the birth of such child, to report in writing to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 13 1896
4. Place of Birth, (Street and Number) Orleans st 2012
5. Full Name of Mother, Maiggie Valantie
6. Mother's Maiden Name, Garmen
7. Mother's Birthplace, France
8. Full Name of Father, Valantie
9. Father's Occupation Gabor
10. Father's Birthplace, Garmen

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, N Washington st 1815 208

Remarks,

84600835 43

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each month, a certificate of the birth of each child born during the preceding month, whether such birth occurred in a public institution or in a private family, and whether the attendance at the birth was that of a physician or midwife, or of any other person, or was without attendance. And it shall be the duty of the person or persons on whom the duty of reporting a birth is by this section imposed, to make the return required by this section within the time herein specified, and in the manner and within the period of time prescribed by the Board of Health. And it shall be the duty of the physician or midwife in attendance upon the mother, immediately after the birth of a child, to report the same to the person who shall have charge of the return of such birth, who shall comply with the provisions of this section as to the time and manner of making such return; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 13 1900
4. Place of Birth, (Street and Number) 2114 E Hoffman
5. Full Name of Mother, Maggie Britt
6. Mother's Maiden Name, " " Engle
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Fritz
9. Father's Occupation Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Brun

Address, 1600 N Chester St

Remarks.

B 7 6 0 0 3 5 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

third day, or in case of a Physician, or Midwife, he shall become the duty of the parent above required, and shall give notice within the time and in the manner and within the limits of this section shall be subject to like fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14 of August 1896
4. Place of Birth, (Street and Number) 843 E. Lombard st
5. Full Name of Mother, Jenny Saks
6. Mother's Maiden Name, Jenny Sokolsky
7. Mother's Birthplace, Kovno State Russia
8. Full Name of Father, L. Joe Saks
9. Father's Occupation, Coal Dealer
10. Father's Birthplace, Kovno State Russia

Name of Medical Attendant, or other person who makes this Return, H. Flinder M. D.

Address, 143 N. Front st

Remarks,

1896 0003545

shall occur within the city of Baltimore after the passage of this ordinance, it shall be the duty of the mother, immediately thereafter, if able to do so, and within the period above required, and if the mother be unable, then the father, if able to do so, and within the period above required, and if both parents be unable, then the person having charge of such child to report its birth to the Commissioner of Health, in writing, and to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable; any such person or persons who shall wilfully make a false report of any birth shall be guilty of a misdemeanor, and upon conviction thereof shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 14 1896
4. Place of Birth, (Street and Number) Thames st 2120
5. Full Name of Mother, Mary Chiodka
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Chiodka
9. Father's Occupation Labor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, N Washington st 201

Remarks,

8460003546

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Births

1. Sex, (state whether male or female) Male Child

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 15-th day of August 1896

4. Place of Birth, (Street and Number) # 810 Plum alley

5. Full Name of Mother, Mrs. Sarah Carter

6. Mother's Maiden Name, Mrs. Sarah Brown

7. Mother's Birthplace, Talbot County-Maryland

8. Full Name of Father, Mr. Henry Carter

9. Father's Occupation Yram Plum-mer

10. Father's Birthplace, Gloso-ter County-virginia

Name of Medical Attendant, or other person who makes this Return. Mrs Margret Gray

Address, 727 Pickett's Court Balto

Remarks,

8960003547

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each month, every physician or practitioner who shall neglect to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, August 15/96

4. Place of Birth, (Street and Number) No. 619 Dunbar Row

5. Full Name of Mother, Anna Dunbar

6. Mother's Maiden Name, Kunkel

7. Mother's Birthplace, Germany

8. Full Name of Father, Father Dunbar

9. Father's Occupation Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, No. 1907 E. Monument [illegible]

Remarks,

8960003548

third day of each month the attendance of a physician or [illegible] shall become the duty of the person [illegible] shall occur without the attendance of a physician, it shall become the duty of the [illegible] attendance upon the birth to the Commissioner of Health, in the manner and within the [illegible] child for every such birth, and any person who shall fail to comply with the provisions of [illegible] any such person or persons who shall neglect or fail to comply with the provisions of [illegible] subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures [illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 15 1895
4. Place of Birth, (Street and Number) Chapel st 613
5. Full Name of Mother, Maggie Zink
6. Mother's Maiden Name,
7. Mother's Birthplace, Saxony
8. Full Name of Father, August Zink
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, N Washington st 205

Remarks,

18960003549

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th Aug 1911
4. Place of Birth, (Street and Number) 406 Gay 1st
5. Full Name of Mother, Susie Strobel Smith
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Cindy Strobel
9. Father's Occupation Laborer
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address,

Remarks,

+ 8 9 6 0 0 0 3 5 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 16 1896
4. Place of Birth, (Street and Number) 407 Bradford st 407
5. Full Name of Mother, Miss Weber
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Christ Weber
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Whipple

Address, 41 Washington st 205

Remarks,

B 766 0003551

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19 August
4. Place of Birth, (Street and Number) 1424 Lemsan st.
5. Full Name of Mother, Rosie Wolf Weland
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Leonard Wolf
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Scott Wiseman

Address, 1331 Hull St. Locust Point.

Remarks,

3960003552

shall occur without the city, the said Registrar shall become the duty of the person required to attend the birth, immediately thereafter if, shall become the duty within the period above required, to report its birth to the Commissioner of Health, in the manner and with the information required by this section. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the penalty prescribed in section 1 of this ordinance, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Live 3 living. But this is the fifth
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Thursday August 20th 1896
4. Place of Birth, (Street and Number) No 2140 Vine st
5. Full Name of Mother, Mary Cathrine Stanicker
6. Mother's Maiden Name, Mary Cathrine England
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Newton Stanicker
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Fanny Gill

Address, 2142 Vine Street

Remarks, 8960003553

said schedule shall be prepared and sent to the office of the Commissioner of Statistics, or should no other person be required to make such return, then it shall be the duty of the physician or midwife, if present at the birth, to make such return within ten days after the birth, and every month to the office of the Commissioner of Statistics, or should no other person be required to make such return, then it shall be the duty of the physician or midwife, if present at the birth, to make such return within ten days after the birth, and every month thereafter fail to comply with the requirements of this section shall be subject to the penalty of fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth, August 20 1906

4. Place of Birth, (Street and Number) 1129 (1909) McElderry St

5. Full Name of Mother, Anna Louise Schadt

6. Mother's Maiden Name, Baltzer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Schadt

9. Father's Occupation Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Schadt

Address, 1129 1907 E McElderry St

Remarks, —

3960003554

third day of each month the attendance of a physician or person who has attended the duty of the person or parents, as the case may be, to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or person who has attended the mother, immediately thereafter, it shall become the duty of the person or parents, as the case may be, to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance by a physician or person who has attended the mother, immediately thereafter, it shall become the duty of the person or parents, as the case may be, to report the birth to the Commissioner of Health, in the manner and within the periods of this section shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/6/96

8/18/96

GIVEN NAME ADDED

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ethel Marie Russell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 21 1896
4. Place of Birth, (Street and Number) Frisby st near Brady ave
5. Full Name of Mother, Mary Agnes Russell
6. Mother's Maiden Name, Mary Agnes Cole
7. Mother's Birthplace. Baltimore
8. Full Name of Father, Benjamin Franklin Russell
9. Father's Occupation Agent
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Margret Steinkel

Address, No 2 Frisby st saith

Remarks,

8 9 6 0 0 0 3 5 5 5

Third day of each month the attendance of a physician or other person who shall become the [illegible] and within the period above required, shall give notice thereof to the Commissioner of Health, in the manner and with the particulars required by this section, and shall be liable to the penalty hereinafter imposed for neglect. Fourth, In the manner and with the particulars required by this section, and shall be liable to the penalty hereinafter imposed for neglect. Fifth, In the manner and with the provisions of this section shall be liable to the penalty hereinafter imposed for neglect. Sixth, Any person who shall fail to comply with the provisions of this section shall be liable to the penalty hereinafter imposed for neglect. Seventh, Any person who shall fail to report the birth of a child to the Commissioner as required by this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person who shall fail to report the birth of a child to the Commissioner as required by this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person who shall fail to report the birth of a child to the Commissioner as required by this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person who shall fail to report the birth of a child to the Commissioner as required by this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 7697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician, midwife or other person, it shall become the duty of the [illegible] immediately thereafter, to report the birth to the Registrar of Vital Statistics, in the manner and within the period above prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be deemed guilty of a misdemeanor, and subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, August 24 1896
4. Place of Birth, (Street and Number) No 922 N Augusta St
5. Full Name of Mother, Pauline Thater
6. Mother's Maiden Name, Zeunert
7. Mother's Birthplace, Germany
8. Full Name of Father, Jno Thater
9. Father's Occupation Engineer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Chas E Grau.

Address, No 1907 E Monument St

Remarks.

18960003556

Wm. J. C. Dulany Co., City Printers and Stationers.

1614 1614

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. 22 August 1896.
4. Place of Birth, (Street and Number) E Fort Ave No. 1027.
5. Full Name of Mother, Lizzi Lorz.
6. Mother's Maiden Name, " Bois.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Gottfried Lorz
9. Father's Occupation Soldier.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Lizzi Schaeffler

Address, E Fort Ave No 1708.

Remarks.

8 9 0 0 0 0 0 3 5 5 7

... third day of each and every month to the ... practioner of midwifery, of the person or parents of such child shall occur without the attendance of a physician or practioner it shall become the duty of the person or parents of such shall occur without the attendance of a physician or ... it shall become the duty ... within the period above required, ... attendance upon the mother, immediately thereafter in the manner and within the period above required, ... child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 1647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White — Marguerite D. Klinger
3. Date of Birth, 23 of August ~~1919~~ 1916
4. Place of Birth, (Street and Number) 548 Wilson St. Home
5. Full Name of Mother, Margarite D. Klinger
6. Mother's Maiden Name, Margarite Hechter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Andrew Klinger
9. Father's Occupation, Milk Business
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Donnelly

Address, 1635 Wash St

Remarks, None

1896000355 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 16130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 23rd 1896
4. Place of Birth, (Street and Number) 1708 Crain St
5. Full Name of Mother, Margret Cor
6. Mother's Maiden Name, Margret Campbell
7. Mother's Birthplace, Cumberland Co Va
8. Full Name of Father, John Cor
9. Father's Occupation, Laborer
10. Father's Birthplace, Cumberland Co Va

Name of Medical Attendant, or other person who makes this Return, Mary Posey

Address, 1809 Lemmon St

Remarks, 896U003559

shall occur without the [illegible] thereafter it shall become the duty of the [illegible] the period above required, and attendance upon the mother, immediately thereafter [illegible] in the manner and within [illegible] shall be sub- child to report its birth to the Commissioner of Health, [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 16151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, ~~(state whether 1st, 2d, 3d, &c.)~~ 3d.

Name: Edith Gertrude McKelvey

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, August 23rd 1906.
4. Place of Birth, (Street and Number) 36 Parkin St.
5. Full Name of Mother, Mollie V. McKelvey
6. Mother's Maiden Name, Mollie V. Lahnert
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Walter A. McKelvey
9. Father's Occupation, Machinist.
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, John L. Kluge, M.D.

Address, 660 W. Lexington St.

Remarks,

8 9 8 0 0 0 3 5 6 0

Every one of each and every month's [illegible] third day of each and every month [illegible] shall occur without the attendance of a physician or practicioner of medicine or midwife, the parent or parents of such child is hereby required to report the same to the Registrar of Vital Statistics, and in case the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Registrar of Vital Statistics, and every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* Aug 8 1876

4. *Place of Birth, (Street and Number)* 416 Hanover St

5. *Full Name of Mother* Mary Wolfes

6. *Mother's Maiden Name* "

7. *Mother's Birthplace* City

8. *Full Name of Father* Jos H Wolfes

9. *Father's Occupation* Laborer

10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. A M Purvis MD

Address 1213 Bolton ave

Remarks

8960003561

Name, whether still born or not, the full name, nativity, and residence of the parents; condition, whether still born or not, the full name, nativity, and residence of the parents; name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Aug 12 1896
4. *Place of Birth, (Street and Number)* 1578 Wilson
5. *Full Name of Mother* Emma Prince
6. *Mother's Maiden Name* " Rice
7. *Mother's Birthplace* City
8. *Full Name of Father* Owen Prince
9. *Father's Occupation* Paperhanger
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Wm Lewis

Address 123 Cathead

Remarks

B 9 6 0 0 0 3 5 6 2

condition, whether still born or not, the full name, nativity, and residence
name of the mother of such child or children.

RETURN OF A BIRTH 1617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 16 of August
4. Place of Birth, (Street and Number) 1815 Lemon
5. Full Name of Mother, Annie Preston
6. Mother's Maiden Name, Annie Jackson
7. Mother's Birthplace, Spring Green Va
8. Full Name of Father, Peter Preston
9. Father's Occupation, Butchering
10. Father's Birthplace, Essex Co Va

Name of Medical Attendant, or other person who makes this Return, Sarah Baldwin

Address, 1613 Vincent Alley.

Remarks.

8960003563

third day of each and every month of a physician or practitioner in the city of the person or parents shall occur without the attendance of a physician or practitioner, then the midwife or nurse in attendance shall report the birth to the Commissioner of Health, in the manner and within the time herein specified. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 7/6/1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, August 17
4. Place of Birth, (Street and Number) Balto 1721 Division St
5. Full Name of Mother, Mrs Lucie Brown
6. Mother's Maiden Name, Lucie Woodland.
7. Mother's Birthplace, Baltimore Co Md
8. Full Name of Father, Tilgher Brown
9. Father's Occupation, Waiter
10. Father's Birthplace, Anne Arundel Co Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Rollins

Address, 1610 Vincent St

Remarks.

+ 8960003564

Wm. J. C. Dulany Co., City Printers and Stationers.

Chief Sup't of each and every Nurse of a physician or midwife who shall become the duty of the person or parents, shall occur without the attendance of either, it shall be the duty of the person having charge of the house where such birth shall occur, immediately thereafter, in like manner and within the period above mentioned, to report the same to the Commissioner of Health, who shall cause a certificate of the facts to be entered in a book kept for that purpose. And if any person required by this section to report the birth of a child to the Commissioner of Health, or to comply with the provisions of this section shall be found guilty of any violation of the same, every person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 7/1/03

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 17
4. Place of Birth, (Street and Number) Res. 1123 Division St.
5. Full Name of Mother, Mrs Susie Brown
6. Mother's Maiden Name, Susie Woodland
7. Mother's Birthplace, St Mary Co md
8. Full Name of Father, Fitzy Brown
9. Father's Occupation, Laborer
10. Father's Birthplace, Anne Arundel Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs Ford Collins

Address, 1610 Vincent St

Remarks,

6960003565

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each month the attendance of a physician or person acting in the capacity of the person or persons required to attend at the birth shall become the duty of the person or persons required to attend at the birth to report the same to the Commissioner of Health, which report shall be made within the period above required, and in default of such attendance upon such birth to the Commissioner of Health, which report shall be made within the period above required, and in default of such report as aforesaid, the person or persons required to attend at the birth to report the same shall comply with the provisions of this section, or be proceeded against as in other cases of misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore, such person or persons who shall neglect or refuse to comply with the provisions of this section, or be guilty of any violation thereof, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each [illegible] attendance of a physician or [illegible] it shall become the duty of the person or parent [illegible]
shall occur without the attendance [illegible] immediately thereafter it shall become [illegible] within the period above required, and
attendance upon the mother, immediately thereafter of Health, in the manner and within the period above required, shall be sub-
child to report its birth to the Commissioner fail to comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 76156

GIVEN NAME ADDED, 9/15/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mabel Beatrice Anderson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. [illegible] 18[illegible]
4. Place of Birth, (Street and Number) 137 [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, Janney Anderson
9. Father's Occupation Porter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address. [illegible] Street

Remarks.

1 8 9 6 0 0 0 3 5 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 76157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 18th 96
4. Place of Birth, (Street and Number) 1535 E. Monument
5. Full Name of Mother, Annie Gipe
6. Mother's Maiden Name, " Glenn
7. Mother's Birthplace, Balto
8. Full Name of Father, George A. Gipe
9. Father's Occupation, Balto Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. J. H. Grof M.D.

Address, 1455 Orleans St

Remarks, 1896 0003567

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 16151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August the 19th

4. Place of Birth, (Street and Number) 1614 Baker Street

5. Full Name of Mother, Sarah Catharine Schwallenberg

6. Mother's Maiden Name, Sarah Catharine Sheubert.

7. Mother's Birthplace, A. A. County

8. Full Name of Father, William Y. Schwallenberg

9. Father's Occupation Carpenter.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah Rawlings

Address, 1610 Vincent Alley

Remarks.

6 9 6 0 0 0 3 5 6 8

third day of each [illegible] attendance of a physician or [illegible] the duty of the person or parents [illegible] shall occur without the attendance of a physician it shall become the duty of the person or parents [illegible] shall occur without the mother, immediately thereafter It shall, in the manner and within the period above required [illegible] attendance upon the mother, to the Commissioner of Health, in the manner and within the provisions of this section shall be [illegible] child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be [illegible] any such person or persons who shall hereafter fail to comply with the other fines and forfeitures are recovered jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 2 1895
4. Place of Birth, (Street and Number) 425 Chase st.
5. Full Name of Mother, Relay Jupiter
6. Mother's Maiden Name, Spencer
7. Mother's Birthplace, Balto
8. Full Name of Father, Frank Jupiter
9. Father's Occupation, Painter
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Caroline Schwartz

Address, 124 E Fort Ave.

Remarks,

6960003569

shall occur without the attendance of a physician or midwife, it shall become the duty of the person above required, and in the absence of the latter, immediately thereafter, in the manner and within the time prescribed in this section, shall be subject to the penalties of this section. Any person who shall fail to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Any person or persons who shall knowingly make any false return of birth to the Commissioner of Health, or who shall fail to comply with the provisions of this section shall be subject to the five of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 76 160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician, midwife or other person, it shall become the duty of the father or mother of such child within the period above required, to report the birth to the Registrar of Vital Statistics, in the manner and with the particulars required by the attendance upon the mother, Commissioner of Health, in the manner and with the particulars required by the provisions of this section shall be responsible for the neglect of the parents to report the birth of such child as herein required, and shall be liable to the penalty hereinafter provided for such neglect. Any person who shall hereafter fail to report the birth of any such child as herein required, or who shall make any false report concerning the same, shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 23. 1875
4. Place of Birth, (Street and Number) 142 Riverside Ave
5. Full Name of Mother, Emma McCarty
6. Mother's Maiden Name, Welch
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joe McCarty
9. Father's Occupation Workman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thomas J. Shuart

Address, 434 E. Fort Ave

Remarks,

1696000 3570

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 23. 1896
4. Place of Birth, (Street and Number) 43 Barney st
5. Full Name of Mother, Rickey Gunther
6. Mother's Maiden Name, Mundt.
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Gunther
9. Father's Occupation Shoe Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schmid

Address, 434 E. Fort Ave

Remarks,

B 6 6 0 0 0 3 5 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/6/02

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Albert Jacob Grosshans~~ Albert Grosshans

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 25. 1896
4. Place of Birth, (Street and Number) 611 N. Collington Ave
5. Full Name of Mother, Mrs. Minnie G. Grosshans
6. Mother's Maiden Name, " Krieg
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. H. G. Grosshans
9. Father's Occupation Clerk
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return J. H. Grosshans, M.D.

Address, ~~1303 Light St.~~ 1303 Light St.

~~Remarks.~~

1896 0003572

Wm. J. C. Dulany Co., City Printers and Stationers.

And that the attendance of a physician or midwife shall become the duty of the person or parents of such child, if there be either, immediately thereafter, in the manner and within the period above required. And that no such person shall neglect or refuse to comply with the provisions of this section, and that any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to and pay a fine of not less than five dollars nor more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 1 to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule [illegible] every month to the office of the [illegible] third day of each and every month to the office of the Commissioner of Health, or should no [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Aug. 24. 1896
4. Place of Birth, (Street and Number) 1116 Brighton St. Balto.
5. Full Name of Mother, Emma Clever
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Smithe.
9. Father's Occupation Dish-washer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Lady M. Johnson

Address, 1430 Hollins Street.

Remarks, Name conferred: B. Bernard Browne Smithe.

1 8 9 6 0 0 0 3 5 7 3

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH, 7/6/31

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Saturday August 22
4. *Place of Birth, (Street and Number)* No 1401 Pattapsco St
5. *Full Name of Mother* Mrs Dora Wiegand
6. *Mother's Maiden Name* Dora Snyder
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Thomas Wiegand
9. *Father's Occupation* Saloon keeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lowery

Address

Remarks

thereafter, stating the day of the month, the hour of the day, and the condition, whether still born or not, the full name, nativity, and residence of the parent, name of the mother of such child or children.

3960003574

RETURN OF A BIRTH. 76164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 14th 1896

4. Place of Birth, (Street and Number) 1522 E. Chase St.

5. Full Name of Mother, Isabella V. Vagg

6. Mother's Maiden Name, Isabella V. Lizuoe

7. Mother's Birthplace, Baltimore Co. Md.

8. Full Name of Father, Steven Vagg

9. Father's Occupation, Oyster Hanger

10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, A. G. Watson

Address, 1501 N. Central Ave.

Remarks, 1896000003575

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 1
1. Sex, (state whether male or female) first child
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, August
4. Place of Birth, (Street and Number) Forkist
5. Full Name of Mother, Alice Frazier
6. Mother's Maiden Name, Alice Shaw
7. Mother's Birthplace, Washington Co. D. C.
8. Full Name of Father, William C. Frazier
9. Father's Occupation Laborer
10. Father's Birthplace, Washington Co. D. C.
Name of Medical Attendant, or other person who makes this Return, Mrs. Taylor
Address, 41 Guilford Ave.
Remarks,

+ 6 7 6 0 0 0 3 5 7 6

third day of each and every month, a physician or practitioner in the city of Baltimore, or the person or parents of such child, where the attendance of a physician or practitioner is not required, shall cause to be made a return in writing, in the manner and within the period above required, and shall cause upon the mother, (municipal) of Health, to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall hereafter neglect or refuse to report its birth to the Commissioner of Health, as aforesaid, shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall hereafter neglect or refuse to report its birth to the Commissioner of Health, as aforesaid, shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 16166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Aug 10 — 1896
4. Place of Birth (Street and Number),	1002 Linden Ave.
5. Full Name of Mother,	Lizzie Wood
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	Robert Wood
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Edwin K. Ballard M.D.
Address,	
Remarks,	

1 8 9 6 0 0 0 3 5 7 7

William J. Lee Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED. 8-28-57

RETURN OF A BIRTH. 76167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Frances Millette Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 12 th 196
4. Place of Birth, (Street and Number) 613 Light Street
5. Full Name of Mother, Mary Elizabeth Miller
6. Mother's Maiden Name, Mary Elizabeth Hick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry. August. Miller
9. Father's Occupation Ice Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Taylor

Address, 41 Guilford Ave.

Remarks,

+ 6960003578

third day of each and every month, a physician or practitioner in attendance upon the birth, or the person or parents of such child, shall make a return of such birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, at the office of said Registrar, in the manner and within the time specified above required, and after the receipt of a blank for that purpose from said Registrar. Any person who shall neglect to comply with the provisions of this section shall be subject to a penalty of ten dollars for each and every offence, to be recovered as other fines and forfeitures are recoverable by law. Any person who shall hereafter refuse or neglect to report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, at the office of said Registrar, shall be subject to a penalty of ten (10) dollars for each and every such person or parent so offending, to be recovered as other fines and forfeitures are recoverable by law.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 76168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug 13 - 1896
4. Place of Birth (Street and Number),	Brooklyn Md Null Dunn
5. Full Name of Mother,	
6. Mother's Maiden Name,	
7. Mother's Birthplace,	R. A. Dunn
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	C. K. Ballard M.D.
Address,	
Remarks,	1896 0003579

...ation shall be signed by the ...ommissioner of Health. In case the ...shall be in attendance upon the ...shall be delivered, it shall be the duty of the ...midwife, or such other person as shall report the birth to ...each and every of a physician or midwife become the duty of the ...the said certificate required by this section shall be subject to the ...who shall thereafter fail to comply with the provisions of this section shall be subject to the like penalty ...for each offence, to be recovered as other fines and forfeitures are recoverable

...tion Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 76169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Mulatto

3. Date of Birth, Aug 14 - 1896

4. Place of Birth (Street and Number), 20 E. Hamilton st

5. Full Name of Mother, Mary Frazier

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Fnther, James Frazier

9. Father's Occupntion,

10. Father's Birthplace,

Nnme of Medical Attendant, or other person who makes this Return. Edwin K. Ballard M.D.

Address,

Remnrks,

1896 00073580

Section 6 thereof, duly signed by the Commissioner of Health, shall be delivered to the office of the Registrar of Vital Statistics, Board of Health, within ten days after the birth to which it relates, and a like certificate shall in like manner be made and delivered every month to the office aforesaid by the midwife, or person or persons in the attendance of a physician or midwife, at any birth during the period always required. If the midwife, or person or persons in the attendance of a physician or midwife, at any birth shall become unable to make the certificate herein required, it shall become the duty of the physician in attendance, if there be one, and if not, of the mother, immediately after her recovery, to make the certificate herein required. In the manner provided in this section and by the rules and regulations of the Board of Health. In the manner provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 76170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white rnee),*	White
3. *Date of Birth,*	Aug 14 - 1896
4. *Place of Birth (Street and Number),*	111 McMechen St
5. *Full Name of Mother,*	Emma Chilcoat
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	William Chilcoat
9. *Fnther's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Edwin K. Ballard M.D
Address,	
Remarks,	

8960003581

...timore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 76171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 16th 1896

4. Place of Birth, (Street and Number) 39 E York St

5. Full Name of Mother, Mary G Carey

6. Mother's Maiden Name, Mary G Keane

7. Mother's Birthplace, Harvde Grace m. d.

8. Full Name of Father, Charles J Carey

9. Father's Occupation Transfer Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Taylor

Address, 41 Eutaw Alley

Remarks,

B 9600003582

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 76172.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug 22 1906
4. Place of Birth (Street and Number),	600 N. North Ave.
5. Full Name of Mother,	Barbara B Ford
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	Frank Ford
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Edwin K. Ballard M.D.
Address,	
Remarks,	

8960003583

shall be delivered, with in the office of the Commissioner of Health, or should no other person be in attendance, each and every midwife or physician or practitioner of midwifery, or should no midwife or physician or practitioner of midwifery be in attendance, then each and every person or persons in charge of the house in which the birth occurred, shall be required to report in writing to the Commissioner of Health the birth of such child, and any such person or persons neglecting or refusing to make such report within the period above specified, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Sun Job Printing Co., City Printers and Stationers.

RETURN OF A BIRTH. 76174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 23rd 1896
4. Place of Birth, (Street and Number) 1209 Plum Alley
5. Full Name of Mother, Anna Cathrine Barrett
6. Mother's Maiden Name, Anna C. Lins
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Titus Barrett
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Ellemore A. Anderson

Address, 1434 Patapsco St

Remarks,

8960003584

Third day of each and every month, a physician or practitioner of midwifery, or another person present at such birth shall occur without the attendance of a physician or practitioner of midwifery, or another person present at such birth shall become the duty of the person or parents of such child, if living in the house where such birth occurs, and within the city limits, to report the same to the Registrar of Vital Statistics, in the manner and within the time required. Any person who shall neglect or refuse to make such report, as required by this section shall be subject to a penalty not less than ten (10) dollars nor more than fifty (50) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 76175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Mulatto
3. Date of Birth,	Aug 24 1896
4. Place of Birth (Street and Number),	922 N Eutaw St
5. Full Name of Mother,	Mary Taylor
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	Richard Taylor
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Edwin K. Ballard M.D.
Address,	
Remarks,	

8960003585

Shall be Delivered, duly signed by the Commissioner of Health, or other person he in attendance, to each and every midwife or practitioner of midwifery, or other person or parents of such child to report the birth, the attendance of a physician shall become unnecessary. The person or parents of such child to report the birth, the midwife or practitioner shall within the period above required, and only in case of premature birth, make report thereof to the Commissioner of Health, in the manner provided in the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 76176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Nettie Anna Louise Kuhlman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Aug 25th 1896.
4. Place of Birth, (Street and Number) 411 N High St
5. Full Name of Mother, Emma E. Kuhlman
6. Mother's Maiden Name. " " Myers
7. Mother's Birthplace. Baltimore Md
8. Full Name of Father. Henry H. Kuhlman
9. Father's Occupation Shoe Merchant
10. Father's Birthplace. Ohio

Name of Medical Attendant, or other person who makes this Return. Addison L. Fox M.D.

Address. 1205 W Fayette St

Remarks. OTHER NAME ADDED. 9-12-52

L 8 9 6 0 0 0 3 5 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: James ~~Findley~~ Lardenkey 2d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 16th 96
4. Place of Birth, (Street and Number) 1209 N. Fayette St.
5. Full Name of Mother, Nettie A. Lardenkey
6. Mother's Maiden Name, Nettie A. Bigelow
7. Mother's Birthplace, Hartford Conn.
8. Full Name of Father, Wm. J. Lardenkey
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohler, M.D.

Address, 1203 N. Fayette St.

Remarks,

1 8 9 6 0 0 0 3 5 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ond

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 7
4. Place of Birth, (Street and Number) 502 S. Rowe St.
5. Full Name of Mother, Catherine Reze
6. Mother's Maiden Name, Catherine Wanzi
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Reze
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. A. E. Pregg

Address, 1225 E. Bank St.

Remarks,

+ 8960003588

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 76177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered in the office of the Commissioner of Health, or should no other person shall occur without the attendance of a physician or practitioner of midwifery, or should no other person attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of the house or tenement in which such birth occurs, within the period above required, and such person is required to comply with the provisions of this section shall be established by such person or persons who shall have neglected, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 10 1896
4. Place of Birth, (Street and Number) 623 S. Howard Ave.
5. Full Name of Mother, Elisabeth Shoemann.
6. Mother's Maiden Name, Elisabeth Rough.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Henry Shoemann.
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Alice E. Peregoy

Address, 2225 E. Baltimore St.

Remarks,

1 6 9 6 U 0 0 3 5 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday august 2nd 1896
4. Place of Birth, (Street and Number) Baltimore Md 1121 Sarah 20
5. Full Name of Mother, Maria Tresa Crist
6. Mother's Maiden Name, Maria Tresa Quinlan
7. Mother's Birthplace, Hamilton Canada
8. Full Name of Father, Alfred Workman Crist
9. Father's Occupation Glass Blower
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, W. S. Barge

Address, 711 N. Gross st.

Remarks.

8960003590

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) First

1. *Sex,* (*state whether male or female*) Male.
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* August 3 1896
4. *Place of Birth,* (*Street and Number*) 2229 Bank St.
5. *Full Name of Mother,* Margret Anderson
6. *Mother's Maiden Name,* Margret Leher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Francies J. Anderson
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs M. E. Peregoy

Address, 2225 Bank St.

Remarks,

6960003591

Wm. J. C. Dulany Co., City Printers and Stationers.

said records, a true transcript to the office of the Chief of the Bureau of Statistics, or some person duly authorized by him, on the first day of each and every month to the office of the Chief of the Bureau of Statistics, or some person duly authorized by him, on the first day of each and every month. Any physician or practitioner of midwifery, or other person who shall neglect or refuse to make such return as is required by this section, or who shall refuse to give the name of the person or parents of such child, or who shall knowingly give a false name, or who shall neglect or refuse to report the birth of any child which he may have been in attendance upon the mother, immediately after birth, in the manner and within the period above required, and any person who shall refuse to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars, at the discretion of the Court. Justices of the Peace are required to report to the Chief of the Bureau of Statistics, or some person duly authorized by him, on the first day of each and every month any neglect or refusal to the office of the Chief of the Bureau of Statistics, or some person duly authorized by him, on the first day of each and every month to the office of the Chief of the Bureau of Statistics, or some person duly authorized by him, on the first day of each and every month any physician or practitioner of midwifery, or other person who shall neglect or refuse to make such return as is required by this section, or who shall refuse to give the name of the person or parents of such child, or who shall knowingly give a false name, or who shall neglect or refuse to report the birth of any child which he may have been in attendance upon the mother, immediately after birth, in the manner and within the period above required, and any person who shall refuse to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars, at the discretion of the Court. Justices of the Peace are required to report to the Chief of the Bureau of Statistics, or some person duly authorized by him, on the first day of each and every month any neglect or refusal to comply with the provisions of this section, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 76182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color. (if not of the white race)* white
3. *Date of Birth,* Monday august 3 1896
4. *Place of Birth, (Street and Number)* Baltimore 917 Leadenhall Str
5. *Full Name of Mother,* Dora Becker
6. *Mother's Maiden Name,* Dora Hupfeld
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Eduard Becker
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 714 N Crow st

Remarks,

1896 0003592

been conferred [illegible] sec. [illegible] signed by the practitioner in the [illegible]. In case the birth of any child said schedule shall be delivered, duly signed, to the office of the Commissioner of Health, or should no other person be in third day of each and every month to the office of a physician or practitioner of midwifery, or the person or parents of such shall occur without the attendance of a physician, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 6 1917
4. Place of Birth, (Street and Number) 1153 W. Hamburg St Balto Md
5. Full Name of Mother, Mrs Charlotte Nickles
6. Mother's Maiden Name, Sewell
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Joseph Oliver Nickles
9. Father's Occupation, Car Inspector
10. Father's Birthplace, Wilmington Delaware

Name of Medical Attendant, or other person who makes this Return, Mrs Bangle

Address, 711 N. Grove st.

Remarks, 1 8 9 6 0 0 0 3 5 9 3

been conferred) his sex, race, color, date and place of birth, the name, birthplace and occupation of each parent, the number of the child of the mother (whether first, second, third or other child), and such other information as may be required by the said Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or other person, then the parent or parents, or in default thereof the occupier of the house in which the birth shall occur, shall within ten days thereafter report the said birth to the said Commissioner of Health, in the manner and with the particulars required, and attendance upon the mother, Commissioner of Health, in the manner and with the particulars required, and child to report the same to the said Commissioner of Health, in the manner and with the particulars required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76184.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 6th 1896
4. Place of Birth, (Street and Number) 817 N Cross St
5. Full Name of Mother, Mrs H C Wright
6. Mother's Maiden Name, Mary E Bankard
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Henry C Wright
9. Father's Occupation Commission Merchant
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, Mark Bangs

Address, 711 N. Gilmor St

Remarks,

B 7 6 0 0 0 3 5 9 4

been conferred; his sex, color, the name, residence and occupation of the parents, and the date of birth of such child, in the form of a certificate to be furnished by the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the attending physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person occupying the house in which the mother resides to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-16-52

RETURN OF A BIRTH. 76185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) John Ernest ~~Buchheimer~~ One

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 6th 96
4. Place of Birth, (Street and Number) 1215 Scott st Baltimore
5. Full Name of Mother, Mary Louise Buchheimer
6. Mother's Maiden Name, " " C " Hildmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John George Buchheimer
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bough

Address, 711 N Luzon St.

Remarks,

B 9 6 0 0 0 3 5 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... female

1. Sex, (state whether male or female) ..... White

2. Race or Color, (if not of the white race) ..... seventh of august 1896

3. Date of Birth, ... Baltimore Wyeth at 629

4. Place of Birth, (Street and Number) ..... maggie atkins

5. Full Name of Mother, ... Maggie Tynes

6. Mother's Maiden Name, ... Baltimore Md.

7. Mother's Birthplace, ... Little Washington

8. Full Name of Father, ... Baiter maker

9. Father's Occupation ..... virginia

10. Father's Birthplace, ... annie hynes

Name of Medical Attendant, or other person who makes this Return. ..... 922 ryan st

Address, ...

Remarks, ...

6960035996

third day of each and every month, to the Registrar of Vital Statistics, Board of Health, Baltimore City, the name or names of such child, the name and residence of the parent or parents of such child, the time and place of birth, and such other information as may be required by the Registrar of Vital Statistics. Any person who shall neglect or refuse to report such birth in the manner and within the period herein specified, or who shall report any false information relative thereto, or who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Silverman

RETURN OF A BIRTH. 76187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Russian
3. Date of Birth, August 8th 1896
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Rachael Silverman
6. Mother's Maiden Name, Rachael Weinstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Izak Silverman
9. Father's Occupation Butcher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Geo W Dobbin M.D.

Address, The Johns Hopkins Hospital.

Remarks.

B 9 6 0 0 0 3 5 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-3-52

RETURN OF A BIRTH. 16188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hilda Caroline Kaufman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8/10 August.
4. Place of Birth, (Street and Number) 817 S Paca St
5. Full Name of Mother, Minnie Kaufman
6. Mother's Maiden Name, Minnie Schmidt
7. Mother's Birthplace City
8. Full Name of Father, William Kaufman
9. Father's Occupation Shipping Clerk
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Mrs Burge

Address, 711 N. Broost

Remarks,

B 9 6 0 0 0 3 5 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. [illegible] shall be delivered [illegible] to the office of the Commissioner of Health, or should no other person be in said schedule shall [illegible] each and every month to the office of the practitioner of midwifery, or of the person or parents of such third day of each and every month of a physician or practitioner [illegible] it shall become the duty of the period above required, and shall occur without the attendance [illegible] immediately thereafter, in the manner and within the provisions of this section shall be sub- attendance upon the mother, immediately [illegible] Commissioner of Health, child to report its birth to the Commissioner hereafter fail to comply with the provisions [illegible] any such person or persons who shall hereafter fail to comply [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* withe
3. *Date of Birth,* 9the August
4. *Place of Birth, (Street and Number)* Pinkney St. 1145.
5. *Full Name of Mother,* Anna Waldmann
6. *Mother's Maiden Name,* Englert
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* J. C. Waldmann
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return, Mrs Lange

Address, 711 N. Cross St.

Remarks,

5960003599

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	8/9/96
4. Place of Birth, (Street and Number)	West Fort Ave Baltimore Co
5. Full Name of Mother,	Anne Bartscher
6. Mother's Maiden Name,	Anne Kramer
7. Mother's Birthplace,	Baltimore Co Md
8. Full Name of Father,	Frank C. Bartscher
9. Father's Occupation	Merchant
10. Father's Birthplace,	Little York Pa.
Name of Medical Attendant, or other person who makes this Return,	Mrs Bangert
Address,	711 N. Gross st.
Remarks,	6960003600

Wm. J. C. Dulany Co., City Printers and Stationers.

mon," offered its sex, color, the date of birth of any child born alive, whether the same be born in wedlock or not, and the name of the mother. In case the birth of any child shall occur without the presence of a physician or if it shall become the duty of any person other than the physician or midwife in attendance to make the return required, such return shall be delivered, duly signed, to the office of the Commissioner of Health, or should no other person be in attendance, the midwife, immediately after the birth of such child, shall report the same to the Commissioner of Health, in the manner and subject to the penalties of this section. And any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, August 10.
4. Place of Birth, (Street and Number) Wolfe St. 1544.
5. Full Name of Mother, Mary Zwirner
6. Mother's Maiden Name, Mary Dietz
7. Mother's Birthplace, Germania.
8. Full Name of Father, Wm. F. Zwirner
9. Father's Occupation, Bäker
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, D. Drewes - Mid - Wife

Address, 1625 N. Hopkins Ave. 1625

Remarks,

8960003601

and before the expiration of ten days after the birth of each child, and every month to the office of the Registrar of Vitality, or such person as shall be appointed by the Board of Health, a return of such birth, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 11 day of August

4. Place of Birth, (Street and Number) Baltimore Md. 1665 Battery Av.

5. Full Name of Mother, Mrs. Carrie Hensel

6. Mother's Maiden Name, Carrie Oest.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Mr. Lewis Hensel

9. Father's Occupation Piano Maker.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bonge

Address, 711 N. Gross st.

Remarks.

8 9 6 0 0 0 3 6 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th August
4. Place of Birth, (Street and Number) 304 E. Hamburg St
5. Full Name of Mother, Sarah Jane O'Mooney
6. Mother's Maiden Name, Sarah Jane Stuart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel P. Mooney
9. Father's Occupation ~~Laborer~~ Porter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Bange

Address, 711 N. Grove st

Remarks, 8 9 6 0 0 0 3 6 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 76194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) Black
3. Date of Birth, August 11, 1896
4. Place of Birth, (Street and Number) 721 Bradley Street.
5. Full Name of Mother, Hettie Bosticke.
6. Mother's Maiden Name, Hettie Bosze
7. Mother's Birthplace, Frederick Co. Md.
8. Full Name of Father, Dennis Bosticke
9. Father's Occupation, Laborer
10. Father's Birthplace, Frederick Co. Md.

Name of Medical Attendant, or other person who makes this Return. J. Williams Lord

Address, 825 N Arlington Ave.

Remarks, 1896000 3604

said schedule shall be every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, by the person or practitioner of midwifery in attendance upon the mother, immediately after the birth of each child born, or by the parent or parents of such child, if there shall be no such attendance; and in default thereof it shall become the duty of the occupier of the house in which such birth shall occur within the period above mentioned to report its birth to the Commissioner of Health, in the manner and with the particulars above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. B. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 76195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, ... office of the Commissioner ... or should no other person third day of each and every month to the office of the Commissioner ... or should no other person of such shall occur without the attendance of a physician or practioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 11th 1896
4. *Place of Birth, (Street and Number)* 20½ Pleasant Ally
5. *Full Name of Mother,* Margret Barmer
6. *Mother's Maiden Name,* Margret Betch.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John P. Barmer
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs M. E. Peregy

Address, 225 S Bank st.

Remarks,

1896000003605

Wm. J. C. Dulany Co., City Printers and Stationers.

Cahill

RETURN OF A BIRTH. 76196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, August 12th '96
4. Place of Birth, (Street and Number) 1735 Duncan Place
5. Full Name of Mother, Clara Cahill
6. Mother's Maiden Name, Clara Mersmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James P. Cahill
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo W Dobbin M.D.

Address. The Johns Hopkins Hospital.

Remarks.

| 8 9 6 0 0 0 3 6 0 5

said sales; and every month to the office of the Register of wills, or should no office be open, then to the house of each and every month to the office of the Register of wills, or should no office be open, then to the house of such Register, a certificate of the number of births which shall occur without the attendance of a physician or practitioner, and which it shall become the duty of the person or parents of such child to report to the said Register of Wills, in the manner and within the period above required, and in default of such attendance upon the mother, immediately after the birth, in the manner and within the period above required, and in default of such report as aforesaid, the person or parents of such child to report its birth to the said Register of Wills, in the manner and within the period above required, and in default of such report as aforesaid, the person or parents of such child who shall hereafter fail to comply with the provisions of this section shall forfeit and pay the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 N Gross st.

Remarks.

B 9 6 0 0 0 3 6 0 7

been counterfeited, is not duly signed by the Registrar, or other person authorized by the Commissioner of Health. In case the child shall be born in said city of each and every attendance of a physician or midwife, or of the person or persons present at such birth, and shall occur without the attendance of a physician or midwife, it shall become and within the period of ten days after the birth of such child to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1-th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 13th, 89th
4. Place of Birth, (Street and Number) 1804 Pennsylvania Ave.
5. Full Name of Mother, Laura Sercar.
6. Mother's Maiden Name, Laura Rahart.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Sercar
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs M. E. Peregoy

Address, 2226 E Baker St

Remarks,

1896000360B

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shall effect a return of such birth to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within one month from the date of such birth, and for every such neglect or refusal, the person or persons so offending shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 14th
4. Place of Birth, (Street and Number) 612 W Hamburg St
5. Full Name of Mother, Mildred A Seibel
6. Mother's Maiden Name, Mildred A Richardson
7. Mother's Birthplace, Virginia
8. Full Name of Father, Augustus Seibel
9. Father's Occupation Barber
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, W. H. Boyce

Address, 7119 Bond St

Remarks,

+ 8960003609

been conferred) is act... shall be delivered, duly signed by the practitioner... of Health. In case the birth shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and failing to do so, every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 15 1896
4. *Place of Birth, (Street and Number)*	915 W. Lanvale St
5. *Full Name of Mother,*	Mrs. Katie Mendelsohn
6. *Mother's Maiden Name,*	Katie Nolan
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Mr. Max Mendelsohn
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	New York City
Name of Medical Attendant, or other person who makes this Return,	Mrs Baugh
Address,	711 West Lanvale St
Remarks,	1896 00036 10

Wm. J. C. Dulany Co., City Printers and Stationers.

month, the month, year, color, the full name and post-office address of the physician or midwife in attendance upon the birth, or of the person who shall have been conferred; in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in said city, each and every month of delivery, or should no other person be in attendance upon the birth, the duty of the person above required, and shall deliver each month to the Commissioner of Health, in the manner and within the time prescribed by this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 16th 1896
4. Place of Birth, (Street and Number)	2528 Pennsylvania ave
5. Full Name of Mother,	Dora Plitt
6. Mother's Maiden Name,	" Manger
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Wm Plitt.
9. Father's Occupation	Butcher
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this return.	G. Shower M.D.
Adress,	1224 N. North ave.
Date,	

B 96 U 0036 11

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RETURN OF A BIRTH. 76205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Vane, Harry M.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

Sex, (state whether ~~male~~ or female) Male

Race or Color, (if not of the white race) (Black) White

Date of Birth, Aug 5: 18: 96

Place of Birth, (Street and Number) 2506 Fairmount Av

Full Name of Mother Lillian Winchester

Mother's Maiden Name, " Leaper

Mother's Birthplace, Balto City

Full Name of Father, Victor Winchester

Father's Occupation Clerk

Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, John L. Huck

Address, 647 N Lafayette Av

Remarks,

1896 0003612

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1896 RETURN OF A BIRTH. 76206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth (12th)

1. Sex, (state whether ~~male~~ female)
2. Race or Color, (if ~~not of the~~ white race)
3. Date of Birth, August 18th 1896
4. Place of Birth, (Street and Number) 30 Bel-Air ave
5. Full Name of Mother, Amelia Dollinger
6. Mother's Maiden Name, Amelia Ochol
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Charles Dollinger
9. Father's Occupation, Pickle Dealer
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D.

Address, 921 Charles St City

Remarks,

1896000 7613

register of such births, and shall enter the [illegible]
Health. This schedule shall contain a list of the births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Third

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, Aug 19, 1896
4. *Place of Birth*, (*Street and Number*) 412 [illegible] St.
5. *Full Name of Mother*, Elizabeth Gallagher
6. *Mother's Maiden Name*, Millroy
7. *Mother's Birthplace*, Ireland
8. *Full Name of Father*, John Gallagher
9. *Father's Occupation*, Metal Worker
10. *Father's Birthplace*, Baltimore City

Name of Medical Attendant, or other person who makes this Return. [illegible] M.D.

Address, [illegible] Eastern St.

Remarks,

1896000036 14

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RETURN OF A BIRTH. 76210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 19th Aug.
4. Place of Birth, (Street and Number) 1710 E. Federal Str
5. Full Name of Mother, Barbara Gartner
6. Mother's Maiden Name. Barbara Rentschler
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Gartner
9. Father's Occupation, Schol = Merchand
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. D. Drewes. Mid-Wife.

Address, 1625 N. Hopkins Ave 1625.

Remarks,

1 8 9 6 0 0 0 3 6 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as the same can be ascertained the full name of each child, if any shall live ...with the name of the mother, the sex and race of the child, whether it be the first, second, third, or ...other number of the mother's children that may be born alive, the date and place of birth, and ...the full name and occupation of the father. Such return shall be made in the form of a certificate ...to be furnished by the Commissioner of Health, and shall contain the information required, and ...been conferred) as he delivered, duly signed by the attending physician or midwife, or, should no other person be ...said schedule on or before the tenth day of each and every month to the Commissioner of Health, or such other person as he may designate to receive the same, and it shall be the duty of the person or persons required, and ...shall occur without the attendance of a physician or midwife, to report the case to the Commissioner of Health ...attendance upon the birth to the Commissioner of Health, to comply with the provisions of this section shall be ...child to report, or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 76211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 19 1896
4. Place of Birth, (Street and Number) No. 12 Meamphis Lane
5. Full Name of Mother, Annie Strube
6. Mother's Maiden Name, Annie Meller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Phillipp Strube
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 6 U 0 0 3 6 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred in each family during the month, and shall be filled up and delivered to the Registrar of Vital Statistics within five days after the end of each month. In case there is no birth in a family during the month, the fact must be reported. In case the name can be ascertained, the full name of each child, if any shall have been omitted, shall be filled up and delivered to the Registrar within ten days after the end of the month, and shall set forth the sex, color, the full name and occupation of his father, and the place of birth, and the full name, occupation and residence of the attending physician or midwife, if any, and if there was no physician or midwife present at the birth, then the name of the person in charge of the case. In case the birth of any child shall occur without the attendance of a physician or midwife, or if the person or parents of such child be absent from the city, then the duty of reporting such birth shall devolve upon the person in charge of the house in which such birth occurs, and such report shall be made immediately thereafter. It shall become and within the period above required, and attendance upon such birth to the Commissioner of Health, to comply with the provisions of this section. Every such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 20 1916
4. *Place of Birth, (Street and Number)*	1236 Null St
5. *Full Name of Mother,*	Mrs Maggie Cadden
6. *Mother's Maiden Name,*	O Connor
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Robt Cadden
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs Ann O Connor
Address,	1112 Hanlon St
Remarks,	

B 9 6 0 0 0 3 6 1 7

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the day and year of its birth, the full name, residence and color of its parents, the date and place of birth, and the full address of each, and shall be signed by the practitioner in the form of a certificate between the lines and said schedule shall be delivered at the office of the Commissioner of Health, or mailed to the same address within the first week of each and every month to the office of the Commissioner of Health. And no other person be in attendance upon the mother, immediately after the birth shall become the duty of the person or parents of such child to report the births who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) ~~Female~~ Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 20th 96
4. Place of Birth, (Street and Number) # 200 Chesnut st Balto City
5. Full Name of Mother, Laura Homely
6. Mother's Maiden Name, Laura Hall
7. Mother's Birthplace, Washington City
8. Full Name of Father, Louis Homely
9. Father's Occupation, Bar tender
10. Father's Birthplace, Kent County Md.

Name of Medical Attendant, or other person who makes this Return, Dr William E Harris.

Address # 1416 Jefferson st; Mary, E, Stuart;

Remarks, 1132 E Lexington st all Satisfaction

8960003618

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 76214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex. (state whether male or female)* [illegible]
2. *Race or Color. (if not of the white race)* Colored
3. *Date of Birth.* August 20 1896
4. *Place of Birth. (Street and Number)* 425 N Chapel
5. *Full Name of Mother.* Annie Jones
6. *Mother's Maiden Name.* Annie Watkins
7. *Mother's Birthplace,* Baltimore County Va.
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore County Va.

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1610 N. [illegible]

Remarks, [illegible]

5 9 6 0 0 0 3 6 1 9

Health. This schedule shall contain a true and correct statement of each child, if any shall have been born alive within the district, which can be ascertained the full name of each child, if any shall have been conferred, the sex, color, date of birth, and the name and occupation of its parents, the date of the certificate between the first and month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, color, date of birth, and the name and occupation of its parents, the date of the certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person attendance upon the mother, the midwife or other person in charge shall report such birth to the Commissioner of Health, in the manner and within the period above required, and child to report or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

(1230)

RETURN OF A BIRTH. 76215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 1st August
4. Place of Birth, (Street and Number) 518 W. Barre Balto City
5. Full Name of Mother, Annie C. Ferree
6. Mother's Maiden Name, Annie C. Estendorf
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Samuel Ferree
9. Father's Occupation Hucster
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 714 N. Gilmor st

Remarks,

8960003620

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM

RETURN OF A BIRTH. 76216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Thus Aug 20, 96
4. Place of Birth, (Street and Number) 814 E. Central Ave
5. Full Name of Mother. Maggie A. Roesinger
6. Mother's Maiden Name. " H. " Diedrich
7. Mother's Birthplace, Baltimore
8. Full Name of Father. Jno. Roesinger
9. Father's Occupation Tailor
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return. Anna Eliza Godfrey

Address. 837 E. Central Ave

Remarks.

1896 U 003621

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name of each child, if any shall have been conferred; his sex, color, the full name of the parents, the date and place of birth, and the residence of the parents at the time of the birth of any child. It shall be signed by the practitioner in the form of a certificate (see form) and said schedule shall be delivered month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of any child, the duty of the person or persons (if such shall occur without the attendance of a physician or person) shall become the duty of the person or parents (if such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

First Page

RETURN OF A BIRTH. 76217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Aug 21 1896
4. Place of Birth, (Street and Number) 517 N. Eden St
5. Full Name of Mother, Cora Bailey
6. Mother's Maiden Name, Cora Taylors
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ben Bailey
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo. W. Dobbin M. D.

Address, The Johns Hopkins Hospital

Remarks.

1896 0003622

Wm. J. C. Dulany Co., City Printers and Stationers.

...birth conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of the certificate hereinbefore set forth, to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child by Henson

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 21st 1896
4. Place of Birth, (Street and Number) 1352 Carroll St (City)
5. Full Name of Mother, Canelia Henson
6. Mother's Maiden Name, Canelia Smith
7. Mother's Birthplace, Madison County Va
8. Full Name of Father, Wm Albert Henson
9. Father's Occupation, Labor
10. Father's Birthplace, Annapolis Junction Howard Co Md

Name of Medical Attendant, or other person who makes this Return, John R. Geoghegan Jr. M.D.

Address, 1104 W. Cross Street City

Remarks,

8 9 6 U 0 0 3 6 2 3

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the day, month and year of its birth, the name and occupation of its parents, the residence of the latter at the time of the birth of the child, and such other particulars as may be required by the practitioner in the form of certificate between the first and third day of each month a certificate shall be delivered with the above particulars to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person as aforesaid schedule shall be delivered with the above particulars to the office of the Commissioner of midwifery, or should no other person as aforesaid undertake to report its birth to the proper authorities, then it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health. In the manner and within the time required, and shall thereupon the mother, immediately after the birth of such child, shall be subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Hebrew
3. *Date of Birth,* Aug 21/96
4. *Place of Birth, (Street and Number)* 565 Lawrens St.
5. *Full Name of Mother,* Fannie Cohen
6. *Mother's Maiden Name,* Asperin
7. *Mother's Birthplace,* Richmond, Va
8. *Full Name of Father,* Morris Cohen
9. *Father's Occupation* Cutter
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Morris C. Robins M.D.

Address. 1344 Druid Hill Ave.

Remarks.

1 8 9 6 0 0 0 3 6 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

986.]

RETURN OF A BIRTH. 76220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 21 st 1896
4. Place of Birth, (Street and Number) No 570 Fredrick Ave
5. Full Name of Mother, Mary Heil
6. Mother's Maiden Name, Mary Gottlieb
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Martin Heil
9. Father's Occupation Teamster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8960 03625

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month, and shall state the sex, color, the full name and occupation of its parents, the date and place of birth, and the name, residence and occupation of the attending physician or midwife, if any was present; and in case no physician or midwife was present, then the same shall be stated by the father or mother of any child born alive, or in case of the absence or inability of both father and mother, then by the householder or owner of the premises where such birth shall occur without the attendance of a physician or midwife, and in the manner and within the period above specified. Any physician or midwife who shall fail to make such return, or any person required by this section to make such return who shall fail to do so, shall be subject to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, August 21 1896
4. Place of Birth, (Street and Number) Br 333 Centreal Avenue
5. Full Name of Mother, george anna Johnson
6. Mother's Maiden Name, George anna Scriffins
7. Mother's Birthplace, Maryland
8. Full Name of Father, Milldrim Johnson
9. Father's Occupation, Sailor
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Clara A Brent

Address, no 219 Rodgers Avenue

Remarks, Every thing alwright

8 9 6 U 1 0 3 6 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...the date and place of birth, and the ...ion of a certificate between the first and ...ll have been entered in the Register of Health. In case the birth shall not be in ...ner of midwifery, or absence of such person or parents of such ...ll become the duty of the person required, and ...period above required, and ...ith the provisions of this section shall be recoverable ...ines and forfeitures are recoverable.

[1336]

RETURN OF A BIRTH. 76222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether mate or female)	Male
2. Race or Color, (if not of the white race)	Wht
3. Date of Birth,	August 21
4. Place of Birth, (Street and Number)	852 Rhinehard st
5. Full Name of Mother,	Ellanora Geisendaffer
6. Mother's Maiden Name,	" " Schwartz
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Thomas Elwood Geisendaffer
9. Father's Occupation	Driver
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Bangs
Address,	711 N Luzerne st.
Remarks,	

8960003627

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name, sex, color, date and place of birth, and the full name, residence and occupation of the parents of each child (if more than one shall have been conferred) its sex, color, the full name and occupation of the petitioner in the form of a certificate between the first and said schedule shall be delivered monthly to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or the person or parents of such child fail to report its birth, the owner, lessee, agent or occupant of the house in which such birth shall occur shall report the same, immediately thereafter, in the manner and within the period above required, and attendance upon the mother, immediately after the birth, in the manner and within the period above required, and shall to report its birth, to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 76223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Femal
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 22 1896
4. Place of Birth, (Street and Number) 117 N. Ronald St.
5. Full Name of Mother, Mary Elizabeth Kotmair
6. Mother's Maiden Name, Mary Elizabeth Dorsch
7. Mother's Birthplace, Baltimor Md
8. Full Name of Father, David C. Kotmair
9. Father's Occupation Barber
10. Father's Birthplace, Baltimor Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 N. Gay st

Remarks,

8960003628

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as to each child, the full name of each child, (if any shall have been given,) sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attendant by whom the birth was certified. In case a birth of a first child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 76224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (State whether male or female)	male.
2. Race or color, (if not of the white race)	White.
3. Date of Birth,	Aug. 22. 1896.
4. Place of Birth, (Street and Number)	1201 madison ave
5. Full Name of Mother,	Mary Allen Clarke
6. Mother's Maiden Name,	Keeney.
7. Mother's Birthplace,	Phila. Pa.
8. Full Name of Father,	James B. Clarke
9. Father's Occupation,	Physician
10. Father's Birthplace,	Pa.
Name of Medical Attendant, or other person who makes this Return.	Alfred Worstall M.D.
Address,	921 Cathedral St.
Remarks,	

B 9 6 U 0 0 3 6 2 9

been conferred its sex, color, the full name and occupation of its parents, the date, place and hour of birth, and such other information as may be required in the form of a certificate between the first and third day of each and every month by physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health. In case the birth occurs in any other manner, the duty of making such return shall devolve upon the householder or owner of the premises where the birth occurs, and within the period above required; and shall occur without the limits of a city, immediately thereafter it shall become the duty of the person in charge of the premises to which the mother may be removed within the period above required; and shall occur upon the premises of a hotel, boarding or lodging house, public institution, or other place, immediately thereafter it shall become the duty of the keeper or manager thereof to comply with the provisions of this section. Every such person or persons who shall neglect or refuse to make such return as herein required, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

by J. D. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 76225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female, Julia Anna May Warner
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 22nd 1896
4. *Place of Birth, (Street and Number)*	2731 Pennsylvania ave.
5. *Full Name of Mother,*	Julia Warner
6. *Mother's Maiden Name,*	" Bist
7. *Mother's Birthplace,*	Westminster, Carroll Co. Md.
8. *Full Name of Father,*	Joshua Warner
9. *Father's Occupation*	Motorman
10. *Father's Birthplace,*	Wakefield, Carroll Co. Md.
Name of Medical Attendant, or other person who makes this Return,	E. G. Shower, M.D.
Address,	1224 W. North ave.
Remarks,	Full name of child added by order registration applying for a transcript Name on Plane

1896 00 03630

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife or person who shall assist at the birth of any child, and every householder in whose house any child shall be born, and in case there be no midwife or householder present at the birth, then the parent of such child, and every undertaker who shall bury the body of any child without a certificate of birth, and every person who shall remove the body of any child from the city without a certificate of burial, shall become liable to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 August
4. Place of Birth, (Street and Number) 1607 Thames Str.
5. Full Name of Mother, Jessie Dedic Ludevsky
6. Mother's Maiden Name, Dedic
7. Mother's Birthplace, Pole
8. Full Name of Father, John Ludevsky
9. Father's Occupation Tailor
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Brett

Address, 838 S Bond Str. Baltimore Md.

Remarks,

+ 8 9 6 0 0 0 3 6 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been born alive,) its sex, color, the date and place of birth, and the name and occupation of its parent or parents, which certificate shall be made in the form of a certificate between each two successive numbers in the book from which it is issued, and shall be signed by the person who shall have attended as physician or midwife, or in case no such person shall have been present at the birth, then by the father or mother of such child, or the householder of the house where such birth shall have occurred, or by the person having charge of such child, and in case the birth shall occur elsewhere than in a house, then by the person in charge of the place where such birth shall occur. In case no other person be in attendance upon the mother, the Commissioner of Health, in addition to the penalty provided for in this section, shall require the person who shall have been present at the birth to report the same to the Commissioner of Health, in writing, within the period above required of such person, and in accordance with the provisions of this section, and any such person who shall neglect to report such birth as aforesaid, shall be subject to the same penalties as other persons who shall hereafter fail to comply with the provisions of this section, and shall be subject to the same penalties as other persons who shall hereafter fail to comply with the provisions of this section, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 76227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 22
4. Place of Birth, (Street and Number) 1245 South Eutaw St.
5. Full Name of Mother, Dora McKeldin
6. Mother's Maiden Name, Dora Greif
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, James A. McKeldin
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, Mrs. Bangs

Address, 711 W. Cross St.

Remarks,

B 7 6 0 0 0 3 6 3 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the name and residence of each child, (if any shall have been conferred) its sex, color, &c., and shall be duly signed by the practitioner in the form of a certificate between the first and last day of each month to the office of the Commissioner of Health. In case no birth shall occur without the attendance of a physician or midwife, the duty of the person or parents of such child to report it to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 22d 1896.
4. Place of Birth, (Street and Number) 917 Hare St
5. Full Name of Mother, Agnes Lightner
6. Mother's Maiden Name, Agnes Hanshul
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James H. Lightner
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. M. E. Peregoy.

Address, 2225 E Bank st.

Remarks,

1896 00 23633

Wm. J. C. Dulany Co., City Printers and Stationers.

When a birth shall occur, the parent or parents of such child, if any shall have been living at the time of such birth, and in default of such parent or parents, the occupant of the house in which such birth shall occur, and in default of such occupant, the person having charge of such child, shall set forth as far as the same can be ascertained the full name of such child, if any shall have been given it, the sex, color, the full name and occupation of its parents, the time and place of birth, and the number of children to which the mother has been delivered, and shall sign his or her name to a certificate between the 1st and 10th day of each month, and shall deliver the same to the registrar of vital statistics, or to such person as he may appoint for the purpose. Such certificate shall be delivered, duly signed, to the officer of the Board of Health. In case there is no other person to sign such certificate, the same shall be signed by the practitioner in attendance at the birth, or by the person or parents of such child, if able to do so. Any person who shall neglect or refuse to make such certificate shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars, or by imprisonment not exceeding thirty days, or both, in the discretion of the court. If any physician or midwife, or other person in attendance upon the mother, immediately after the birth, in the manner and within the time prescribed by this section, shall neglect or refuse to comply with the provisions of this section, he shall be subject to the penalties provided for the violation of the same. If any person required to report births as aforesaid shall hereafter fail to comply with the provisions of this section, he shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 23
4. Place of Birth, (Street and Number) 1 Board Sts. 613
5. Full Name of Mother, Baby Lahan
6. Mother's Maiden Name, Schemmm
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Lahan
9. Father's Occupation Baltimore
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Mary Pratt

Address, 138 S. Bond Sts. Baltimore Maryland.

Remarks.

1846000363 4

mouth, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been born alive within the district, and not reported, the date and place of birth, and the name, sex, color, the full name by the practitioner of Health. the date and place of birth, and the said return of each and every notice of a physician or midwife, if shall become and within the first and third days of such child to report or persons who shall neglect or refuse to make such return, or who shall refuse to give information required, and any such person or persons who shall neglect or refuse to make such return, or who shall refuse to give information required, and jected to a fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1336

RETURN OF A BIRTH. 76230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh (7th)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 23rd of August
4. Place of Birth, (Street and Number) Carroll St. 1142.
5. Full Name of Mother, Mary Catherine Keefer.
6. Mother's Maiden Name, Mary C. Zoeller
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Francis Marion, Keefer,
9. Father's Occupation, Upholsterer,
10. Father's Birthplace, Baltimore City,

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischoff.

Address, 1137 Carroll St. Baltimore, Md.

Remarks,

8960003635

Wm. J. C. Dulany Co., City Printers and Stationers.

Upon the said 1st day as the case can be ascertained, the full name of each child, (if any shall have been determined upon before the expiration of the said 10 days,) the sex, color, date and place of birth, and the name, residence and occupation of each parent, and the place of marriage of the parents. Such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in charge who shall make such return, it shall become the duty of the person or persons in charge of such child or mother to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 76231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* femal
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 23 Aug
4. *Place of Birth, (Street and Number)* No 1328 James Street
5. *Full Name of Mother,* Annie L Goodrich
6. *Mother's Maiden Name,* Annie L Dahl
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* Geo L Goodrich
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrd A. M. Bisney

Address. No 1137 Lorsch St.

Remarks.

8960003636

months, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and residence of the parents, the date and place of birth; and the said return shall be delivered, duly signed, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person make such return as aforesaid, then it shall be the duty of the nurse in attendance upon the mother, immediately thereafter, to make the return and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 28th 1896.
4. *Place of Birth, (Street and Number)* 824 E. Lowe St
5. *Full Name of Mother,* Florence Brent
6. *Mother's Maiden Name,* Florence Hynick
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Wesley Brent
9. *Father's Occupation* Cam. Hirer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. M. E. Bregy.

Address, 2225 Bank St.

Remarks,

1896 00 03637

Wm. J. C. Dulany Co., City Printers and Stationers.

been counterfeited) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if there was one, in the form of a certificate between the first and second folds of the same, delivered, duly signed by the Practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the person in charge of such child refuse or neglect to report the particulars required by this section, the parent or parents of such child, or the head of the family in which such child was born, shall within the period above recited, and every person who shall hereafter be employed to render any assistance during the period of gestation, or at the birth of any child, or to supply nurse, shall within the period above recited, and every person who shall hereafter be employed to render any assistance during the period of gestation, or at the birth of any child, or to supply nurse, shall within the provisions of this section shall be subject to the penalties of this section shall be severally liable to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 24. 1896
4. Place of Birth, (Street and Number) Huntington Ave
5. Full Name of Mother, Rosie Hollins
6. Mother's Maiden Name, Bastard
7. Mother's Birthplace, Md
8. Full Name of Father, " " "
9. Father's Occupation " " "
10. Father's Birthplace, " " "

Name of Medical Attendant, or other person who makes this Return, Lucian E Bailey

Address, 18 Talbot St Waverly P. Balto Co

Remarks, Well

1 8 9 6 0 0 0 3 6 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76 234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 August
4. Place of Birth, (Street and Number) 2213 Winterlinde Bay
5. Full Name of Mother, Andela Mersky
6. Mother's Maiden Name, Lapinsky
7. Mother's Birthplace, Pole
8. Full Name of Father, Franke Mersky
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medicat Attendant, or other person who makes this return. Mary Prett

Address, 838 S Bond Str. Baltimore Md.

Remarks,

8960003639

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child (if any, shall have been conferred), sex, color, the full name and occupation of its parents, the date and place of birth, the date of the first and said day of each and every month a physician or practitioner or midwife or other person who shall have attended at the birth of any child shall become due and payable, and shall immediately thereafter, in the manner and within the time required, and attendance upon the birth to the Commissioner, or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336]

RETURN OF A BIRTH. 76235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 24
4. *Place of Birth, (Street and Number)* 1100 South Carey St
5. *Full Name of Mother,* Mrs Priscilla Selby
6. *Mother's Maiden Name,* " Parks
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Geo. O. Selby
9. *Father's Occupation* motorman Street railway
10. *Father's Birthplace,* Prince George County Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 N Eutaw

Remarks,

8 9 6 0 0 0 3 6 4 0

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said school shall deliver annually to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in manner and with the particulars required as aforesaid, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH. 76236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th August
4. Place of Birth, (Street and Number) 522 W. West St
5. Full Name of Mother, Matilda Martin
6. Mother's Maiden Name, McCadden
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Martin
9. Father's Occupation Iron Worker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W. Lombard

Remarks,

8960003241

Wm. J. C. Dulany Co., City Printers and Stationers.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, within one week after the birth of any child he or she may have attended in labor, shall make a true and correct return in writing to the Commissioner of Health, or superintendence a birth shall hereafter take place, and shall be furnished by the Commissioner of Health, of such birth, and shall enter the same on blank, each time such occurred under his or her care during the month, and shall set forth in the same with such particulars as may be required by the Commissioner of Health. This schedule shall contain a list of the full name of each child, if any, which the said midwife shall have attended in labor during the month, and shall also state the full name and occupation of its parents, the date of birth, and whether the child was born alive or dead, and if dead, whether it was a still-birth or not, and if a still-birth, the cause of death, if it can be ascertained; the full name of each child, if any, which the said midwife shall have attended in labor during the month, and shall also state the full name and occupation of its parents, the date of birth, and whether the child was born alive or dead, and if dead, whether it was a still-birth or not, and if a still-birth, the cause of death, if it can be ascertained; the date of the interval between the first and second children, if twins, or the first and third, if triplets, or the first and fourth, if quadruplets, or the first and fifth, if quintuplets, and so on, in case of a greater number at a birth. In case the birth of any child shall occur without the attendance of a midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person above required, and attendance upon such birth to the Commissioner of Health, in the manner and within the time above specified, and in case of any failure to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

286.]

RETURN OF A BIRTH. 76237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 24th 1896
4. Place of Birth, (Street and Number) No 29 Haber St
5. Full Name of Mother, Maggie Leak
6. Mother's Maiden Name, Maggie Leak
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Leak
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

B V 6 U 8 8 3 6 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Child born alive, the full name and occupation of its parents, the date and place of birth, and the name of the Medical Attendant or other person who shall sign the certificate of birth, shall be entered in a said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, within ten days after the birth, and a like certificate shall be delivered on the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report said birth to the Commissioner of Health, in the manner and within the time required of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH.

7238

GIVEN NAME ADDED, 9/18/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Fred Edward Schmidt

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 25, 1896
4. *Place of Birth, (Street and Number)* 1109 Robinson St
5. *Full Name of Mother,* Louisa Schmidt
6. *Mother's Maiden Name,* " Gerhardt
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Fred. Schmidt
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, A. Baum M.D.

Address, 2042 Donnell Pl

Remarks, ✓

B 9 6 0 0 0 3 6 4 3

tion to have such birth recorded, and the name can be ascertained, the full name of each child (if any shall have been omitted), sex, color, the date and place of birth, the full name, residence and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the midwife or the one of the persons above named who shall attend at the birth of any child, to the Commissioner of Health. To cause the birth of any child to be recorded, the person or persons required by this section to report the birth of such child shall, within the first ten days after the birth, become the duty of the person or parents of such shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance, the mother herself shall be required to report the birth of her child, and in default thereof fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 76239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	August 25th
4. Place of Birth, (Street and Number)	623 Wyeth St Baltimore City
5. Full Name of Mother,	Charlotta Higdon
6. Mother's Maiden Name,	Charlotta Pfiffer
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	James Thomas Higdon
9. Father's Occupation	Ice Driver
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Mrs Bangs
Address,	711 N Bros st.
Remarks,	

1896 0003644

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 8/26th 1896.
4. Place of Birth, (Street and Number) Balto Md 1508 N. Milton Ave.
5. Full Name of Mother, Annie M. Blum.
6. Mother's Maiden Name, Annie M. Reipe.
7. Mother's Birthplace. Balto Md.
8. Full Name of Father, Christian G. Blum.
9. Father's Occupation, Cutting Cutter.
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, D. Grems Med - Wife

Address, 1625 N Hopkins Ave 1625.

Remarks,

8960003645

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be verified by the oath or affirmation of the person making the return. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and fifteenth days of each month, it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner on the day of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 August 1896
4. Place of Birth, (Street and Number) S. Ann St. 504
5. Full Name of Mother, Mary Pratt Lasses
6. Mother's Maiden Name, Likert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Lasses
9. Father's Occupation Plumer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, 838 S. Bond St.

Remarks, Mary Pratt

Baltimore Md.

8960036 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 4. Be it enacted, That it shall be the duty of every physician or midwife who shall have attended upon the birth of any child, or in case of the absence of such physician or midwife, then the duty of the person having charge of such child, to report to the Commissioner of Health, within the period above required, such birth, which report shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the sex and color, the said schedule shall be delivered, duly signed as the Commissioner of Health may direct. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the duty of reporting such birth shall devolve upon the owner or agent of the house in which the child was born, and it shall be the duty of the Commissioner of Health to cause blank forms of return to be furnished to such owner or agent, and to require the same to be filled out and returned to his office in the manner and within the period above required, such owner or agent being subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

(1236)

RETURN OF A BIRTH. 76242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 25
4. Place of Birth, (Street and Number) 1125 S Paca St.
5. Full Name of Mother, Magdalena C Lindauer
6. Mother's Maiden Name, Magdalena C Zimmer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry G Lindauer
9. Father's Occupation Wood Carver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bouge

Address, 711 N Chapel st

Remarks.

5960003647

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and residence of the parents, the sex, color, the full name and description of the child, the date and place of birth; and the said schedule shall be delivered, with a written or printed certificate of the correctness thereof, to the Commissioner of Health at the end of each month. Every midwife or other person who shall, in any case, without the attendance of a physician or practicer of midwifery, act in the capacity of such attendant upon the mother, immediately thereafter, in the manner and within the period above required, and shall neglect or refuse to report its birth to the Commissioner of Health, in the manner required, and any such midwife or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 76243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 25th
4. Place of Birth, (Street and Number) 844 W. Pratt St. Baltimore City
5. Full Name of Mother, Amanda Yates.
6. Mother's Maiden Name, Amanda Thornton
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, John Philip Yates.
9. Father's Occupation Chief Machinest.
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return, Mr Baugh

Address, 711 W. Lombard St.

Remarks,

8960003648

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth such or the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the day, month and year of its birth, the name and place of birth, and the said city of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother or other person having charge of such child to report to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately after the birth of such child, the person in charge of such attendance to report to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1206.]

RETURN OF A BIRTH. 76244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16 august 1896
4. *Place of Birth, (Street and Number)*	505 Hanover st
5. *Full Name of Mother,*	Minnie L Sifsfle
6. *Mother's Maiden Name,*	" " Eggenbrot
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Oliver Sifsfle
9. *Father's Occupation*	Brass Worker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Barge
Address,	714 W Cross st
Remarks,	

1896U003649

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 76545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimere City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 26th
4. Place of Birth, (Street and Number) 217 Maryland Ave
5. Full Name of Mother, Elizabeth Bland Hammond
6. Mother's Maiden Name,
7. Mother's Birthplace, England
8. Full Name of Father, James Bland
9. Father's Occupation Glassworker
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Cross st

Remarks,

0 4 6 0 0 0 3 6 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

1336

RETURN OF A BIRTH. 96 246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, August 26 1896
4. Place of Birth, (Street and Number) No 115 W Pitcher St
5. Full Name of Mother, Mrs Riekey Baker
6. Mother's Maiden Name, Riekey Pliess
7. Mother's Birthplace, Hanover Germany
8. Full Name of Father, Frederick J. Baker
9. Father's Occupation holding up the American flag.
10. Father's Birthplace, Metropolis of the the U. S. of Amarica.

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bisnoff

Address, No 1137 Carroll St

Remarks,

8960003651

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 76247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 26 th 1896
4. Place of Birth, (Street and Number) No. 21 Young st
5. Full Name of Mother, Lizzie Smith
6. Mother's Maiden Name, Lizzie Crim
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Smith
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1896 U 036 52

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, date and place of birth, and the name and occupation of its parents, the date of certificate between the first and fifth day of each and every month in the office of the registrar of midwifery, or should no other person or persons be in attendance at the birth of such child, then it shall become the duty of the person or persons in attendance upon the mother, immediately after the birth of such child to report the same to the commissioner of health, in the manner and within the period above required, and any and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 August
4. Place of Birth, (Street and Number) Shakspear Str. 1617
5. Full Name of Mother, Sarah Jane Fratantuono
6. Mother's Maiden Name, Sarah Jane Flynn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Nicholas Jn. Fratantuono
9. Father's Occupation Musician
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return

Address, 838 S. Bond Str.

Remarks, Mary Roth Baltimore Md.

1896 U 003653

month, and shall set forth as far as the same can be ascertained the full name of each child born alive in such month, and shall set forth as far as the same can be ascertained the full name of each child born alive in such house conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the duty of making such return shall devolve upon the mother, in the manner and within the period above required, and attendance upon the mother, immediately thereafter. It shall become the duty of the person in charge of the house in which any child is born, or of the parent, or other person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child (if any such have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 1

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* August 27, 1896
4. *Place of Birth,* (*Street and Number*) Md. General Hospital
5. *Full Name of Mother,* Mamie McDonald
6. *Mother's Maiden Name,* " Cox
7. *Mother's Birthplace,* City
8. *Full Name of Father,* McDonald
9. *Father's Occupation,* ——
10. *Father's Birthplace,* ——

Name of Medical Attendant, or other person who makes this Return. J. Mitzrick, M.D.

Address, 389 N. [illegible] St.

Remarks, [illegible] fathers first name [illegible]

876U0003654

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 76250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, augst 4th 27. 18[illegible]
4. Place of Birth, (Street and Number) Charles St. 1641
5. Full Name of Mother, Anne [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mary [illegible]
9. Father's Occupation, Laborer
10. Father's Birthplace, Easton Shore

Name of Medical Attendant, or other person who makes this Return, Margaret A Lawler

Address, 1041 Charles St

Remarks, William Mother Died baby Died 7 Mch

B 9 6 0 0 0 3 6 5 5

birth conferred) the sex, color, the full name and occupation of its parents, the date and the place of birth; and the said schedule shall be delivered, fully filled out, to the undertaker or other person having charge of the burial of each such child to report its birth to the office of the Commissioner of Health, in the manner and within the time prescribed by this section. In case the birth of any child shall occur upon the premises where the mother shall become the duty of the person above required, and shall occur upon the mother, immediately, it shall be the duty of the physician or midwife in attendance to report the birth of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section. In case the birth of any child shall occur upon the premises where the mother shall become the duty of the person above required, and shall occur upon the mother, immediately, it shall be the duty of the physician or midwife in attendance to report the birth of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

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month, and shall set forth prior to the same can be ascertained, the full name of each child, (if any shall have been born) the sex, color, the full name and residence of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or other person in attendance without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon such birth, then by the parent or parents, or householder, within the period of ten days next after the birth of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, August 28th 96
4. Place of Birth, (Street and Number) 1637 W. Lanvale St
5. Full Name of Mother, Mary D. Bowley
6. Mother's Maiden Name, " " Redifer
7. Mother's Birthplace, Balto City
8. Full Name of Father, James E. Bowley
9. Father's Occupation Clerk
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Dr Lucy B Hack

Address, 647 W Lafayette Ave

Remarks,

8 9 6 0 0 0 3 6 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 28th - 91.
4. Place of Birth, (Street and Number) 715 West Fayette st.
5. Full Name of Mother, Bertha Kaufman
6. Mother's Maiden Name, Bertha Habermann
7. Mother's Birthplace, Baltimore. Md.
8. Full Name of Father, Gus. A. Kaufman
9. Father's Occupation Merchant Tailor
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Henry C. Tice, M.D.

Address. 1203 West Fayette st.

Remarks,

18960003657

month, and shall set forth as far as the same can be ascertained the full name of each child, the day and the year of its birth, and the name, residence, color, occupation of its parents, the date and place of birth, first and last name of the attending physician or midwife, and such other information as may be required upon the blank forms of certificate hereinafter mentioned. A certificate of the birth of any child shall be delivered, duly signed and dated, by the attending physician or midwife, if any, to the parent or parents of said child, or in case there be no parent, to the occupier of the house in which the birth occurs, within ten days after the birth, and before the interment of the body of such child. And in case of the birth of a child without the attendance of a physician or midwife, it shall become the duty of the father of such child, or in case of his absence from the house at the time of the birth, of the mother, to report the birth within the period above mentioned, and every such report shall be verified by the oath or affirmation of the informant. Every certificate required to be given by a physician or midwife shall be delivered to the parent or person who shall report the birth, in the manner and within the time above specified, and every such physician or midwife who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 28. 1896
4. *Place of Birth, (Street and Number)* 1932 Druid Hill Avenue
5. *Full Name of Mother,* Florence Augusta Gardner Hauch
6. *Mother's Maiden Name,* Florence Augusta Gardner
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Samuel Edward Hauch
9. *Father's Occupation* Plumber
10. *Father's Birthplace,* Cincinnati Ohio

Name of Medical Attendant, or other person who makes this Return. Margaret R. Mackenzie M. D.

Address. 1221 Madison Avenue.

Remarks,

1896 U 003658

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, date and place of birth, and the given (or proposed) name of the child, the full name and occupation of the parents, the maiden name of the mother, and the place of birth of each parent, and the number of children born to the mother, and the number now living. The certificate between the first and third day of each and every month, and shall be signed by the midwife, physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and child to report its birth to the Commissioner of Health, and any midwife, physician or practioner of midwifery who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* August 28th 1896
4. *Place of Birth, (Street and Number)* 2235 Bank St.
5. *Full Name of Mother,* Mary J. Jardrone
6. *Mother's Maiden Name,* Mary J. Bartlett
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Jardrone.
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. M. E. Pacgy

Address, 2235 Bank St.

Remarks,

1896U003659

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth. August 1st 1900

4. Place of Birth, (Street and Number) 112 N Stricker St

5. Full Name of Mother, Mrs Fannie Collins

6. Mother's Maiden Name, Mrs Fannie Johnson

7. Mother's Birthplace, Virginia Fluvanna

8. Full Name of Father, Mr James Collins

9. Father's Occupation Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs Lucie Carter

Address, 1616 N. Chapel St

Remarks,

1 8 9 6 0 0 0 3 6 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name, sex, race, date and place of birth; and the full name, residence and occupation of its parents. The person in charge of a certificate between the first and begin conferred) its sex, color, the day signed by the practitioner in the form of a certificate between the first and the said schedule shall be delivered, on or before the tenth day of each month, by the undertaker or other person to whom the third day of each month the attendance of a physician shall become the duty of such physician to report the birth to the Commissioner of Health. In case the birth shall not be in attendance upon the mother, immediately upon the birth of such child, it shall be the duty of such physician to report the birth to the Commissioner of Health, in the manner provided in this section, within twenty-four hours after the birth of such child to report its birth as herein required, or who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* August 20th 1896
4. *Place of Birth, (Street and Number)* East Ave.
5. *Full Name of Mother,* Maggie Pittman.
6. *Mother's Maiden Name,* Maggie Fannen.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Neill Pittman.
9. *Father's Occupation* Moulder.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary McTaylor

Address, # 611 S. Patterson Pk Ave.

Remarks,

| 6 4 6 0 0 3 6 6 1 |

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 76257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or ~~Color~~, if not of the white race) White

3. Date of Birth, Monday Aug. 10 96.

4. Place of Birth, (Street and Number) 1528 John St.

5. Full Name of Mother, Marie Ledsey

6. Mother's Maiden Name, Marie Kemp

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Ledsey

9. Father's Occupation Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, H. Bailey M.D.

Address, 301 E. Twenty first St.

Remarks,

1896003662

Wm. J. C. Dulany Co., City Printers and Stationers.

Note.—It is the duty of the father, if living, of every child born alive in this city, to see that the full name of each child, if any child have been omitted, is duly delivered, duly signed by the practitioner in charge, or other person in attendance, at the birth, and the full name and occupation of his parents, the date and place of birth, and the sex of each child, to the Commissioner of Health, at the office of the Commissioner of Health, &c. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person with whom the mother resides, and every person who shall hereafter fail to report to the Commissioner of Health, in the manner and with the particulars required, and within the time specified, the birth of any child, as aforesaid, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Blk
3. *Date of Birth,* Aug 4
4. *Place of Birth, (Street and Number)* 453 Orchard St
5. *Full Name of Mother,* Nancy Henson
6. *Mother's Maiden Name,* Nancy Williams
7. ~~*Mother's Birthplace,*~~ Henrie Williams
8. ~~*Full Name of Father,*~~
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, O. P. Lumpkin
Address, Md Genl Genl
Remarks,

1 8 9 6 0 0 0 3 6 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

1230.]

RETURN OF A BIRTH. 76259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Blk

3. Date of Birth, Aug 6 - 96

4. Place of Birth, (Street and Number) Mt Hall Hosp -

5. Full Name of Mother, Annie Laymon

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Virginia

8. Full Name of Father, Virginia

9. Father's Occupation Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant or other person who makes this Return, Dr Lucy Linn

Address, Mt Hall Hosp

Remarks,

8960 03664

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, his sex, color, the full name, age and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, within the first and third day of each month, to the office of the Commissioner of Health, in the manner and with the penalties provided in the third section of this ordinance. It shall become the duty of the person above required, and any such person offending shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 76260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2nd

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Aug 6-96
4. *Place of Birth,* (*Street and Number*) Mt Sinai Hosp
5. *Full Name of Mother,* Hannah Brown
6. *Mother's Maiden Name,* Same
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Unknown
9. *Father's Occupation* Unknown
10. *Father's Birthplace,* Unknown

Name of Medical Attendant, or other person who makes this Return, O O Smithson M.D

Address, Mt Sinai Hosp

Remarks,

BY 6 U 23665

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born alive), the sex, color, the full name and occupation of the parents, the date and the place of birth, and the name conferred (if any) on such child, in the form of a certificate between the first and second columns of said schedule, and shall deliver the same, or cause the same to be delivered, duly signed by the attendant, to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or alcohol to other person in attendance, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 76261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Aug. 9 96

4. Place of Birth, (Street and Number) Md Gen. Hosp.

5. Full Name of Mother, Annie Frank

6. Mother's Maiden Name, Emig

7. Mother's Birthplace, Md & Md.

8. Full Name of Father, Unknown

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return, O. O. Lumpkin M.D.

Address, Md Gen. Hospital

Remarks,

B Y 6 U - 0 3 6 6 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named, the sex, color, the full names and occupations of the parents, the date and place of birth, and the name and residence of the attending physician or midwife. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the birth who is required to perform the duties above required, and said schedule shall be delivered, duly signed, at the office of the Commissioner of Health, or should no other person, in such case required, fail to deliver such schedule, the mother of such child, in the absence of the father, or the person in charge of the house in which the birth occurred, if the mother be absent, and every midwife or physician or practitioner of the duty of the person above required, and shall immediately thereafter fail to comply with the requirements of this section shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 76262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 7th

1. Sex, (*state whether male or female*) Male
2. Race or Color, (*if not of the white race*) White
3. Date of Birth, Aug 2 1896
4. Place of Birth, (*Street and Number*) 1 Pearl St.
5. Full Name of Mother, Mrs Bullis
6. Mother's Maiden Name, Mahoney
7. Mother's Birthplace, Md
8. Full Name of Father, Mr Bullis
9. Father's Occupation, Mahoney
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr O'Donnell

Address, Md Gen Hosp

Remarks,

BYCUU03667

Wm. J. C. Dulany Co., City Printers and Stationers.

Births are to be registered as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, at the office Commissioner of Health. In case the birth of any child shall occur within the limits of a physician or practioner of midwifery, or of the person or parents of such child, to report its birth to the Commissioner of Health, as herein required, and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1286.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Blk

3. *Date of Birth,* Aug 13 - 96

4. *Place of Birth, (Street and Number)* 520 Preston St.

5. *Full Name of Mother,* Mary Baily

6. *Mother's Maiden Name,* Unknown -

7. *Mother's Birthplace,* Md -

8. *Full Name of Father,* Unknown

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, O O Lumpkin M.D

Md Gen'l Hosp -

Address,

Remarks,

1896000003668

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 76264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 14 1896
4. Place of Birth, (Street and Number) Md Gen Hosp
5. Full Name of Mother, Annie Dr Tice
6. Mother's Maiden Name, Bruz
7. Mother's Birthplace, Md
8. Full Name of Father, Mahrmm
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, O O Lamphin M D

Address, Md Gen Hosp

Remarks,

8960 003669

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY

1286.]

RETURN OF A BIRTH. 4/6265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "X" —

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Aug 23rd
4. Place of Birth, (Street and Number) Md Gen'l Hosp
5. Full Name of Mother, Mary Columbus
6. Mother's Maiden Name, Howell
7. Mother's Birthplace, Mckinney
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace, Mckinney

Name of Medical Attendant, or other person who makes this Return, O. O. Humphries M.D.

Address, Md Gen'l Hosp

Remarks,

8 Y 6 U 0 0 3 6 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK

236.]

RETURN OF A BIRTH. 76266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col'd

3. Date of Birth, Aug 25

4. Place of Birth, (Street and Number) Mt Auburn Hosp

5. Full Name of Mother, Lucy Bradley

6. Mother's Maiden Name, Unknown

7. Mother's Birthplace, Unknown

8. Full Name of Father, Unknown

9. Father's Occupation Unknown

10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this return, Dr Lewis

Address, Mt Auburn Hosp

Remarks,

B 7 6 0 0 3 6 7 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife present at the birth, if any, certified to the best of his or her knowledge and belief; which shall be delivered, duly signed by the practitioner in the form of this certificate, to the parent of any child third day of each and every month to the office of the Commissioner of Health, in the manner and within the time herein shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the birth, the parent with whom the child resides shall, within the time herein specified, report the birth to the Commissioner of Health, in the manner and within the time herein specified, and any such person or persons who shall hereafter fail to report as herein required, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 22 1896

4. Place of Birth, (Street and Number) Baltimore 720 N Longwood

5. Full Name of Mother, Josephine Gerbinski

6. Mother's Maiden Name, " Sianajes

7. Mother's Birthplace. Germany

8. Full Name of Father, John Gerbinsky

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Cassidy

Address, 414 S Stricker St Baltimore

Remarks, Mother and Child are doing well.

0960003672

Wm J C. Dulany Co., City Printers and Stationers.

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the passage of this Ordinance, it shall be the duty of the parent, or in case of his absence, or inability, the nearest relative present at the birth, or the occupant of the house in which any child shall be born, to report to the Commissioner of Health, or such person as he may appoint for the purpose, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner in the form of a certificate to be furnished by the Commissioner of Health. And it shall be the duty of the physician or midwife in attendance upon the mother, or if there be no physician or midwife in attendance, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	august the 3 1896
4. *Place of Birth, (Street and Number)*	bruce st. No 3006
5. *Full Name of Mother,*	Sara J. B. Lipsley
6. *Mother's Maiden Name,*	Sarah B. Knott
7. *Mother's Birthplace,*	washington D C U S
8. *Full Name of Father,*	thomas P. Lipsley
9. *Father's Occupation*	labor
10. *Father's Birthplace,*	howard D C U S
Name of Medical Attendant, or other person who makes this Return,	Mrs S. Selby
Address,	No 1922 Mitchell ave
Remarks,	

8960203673

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4 August
4. *Place of Birth, (Street and Number)* 21 E Fayette
5. *Full Name of Mother,* Sadie Cohn
6. *Mother's Maiden Name,* " Jacobs
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Solomon Cohn
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Wm R Uhler

Address, 1302 E Lexington St

Remarks,

8960003674

Every birth occurring within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics within ten days thereafter, and the certificate shall state the full name and occupation of the parents, the date and place of birth, and such other particulars as may be required by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother immediately thereafter shall become the duty of the person or parents with whom such child resides to report its birth to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	august the 8th 1886
4. *Place of Birth, (Street and Number)*	Pratt st abt 14th 11
5. *Full Name of Mother,*	Lizzetta Kinsley
6. *Mother's Maiden Name,*	Lizzetta Carroll
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Carrena D Kinsley
9. *Father's Occupation,*	Cabinet maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	mrs D Kelley
Address,	1122 Mt Pleasant Ave
Remarks,	

B46U003675

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 6. / 9.45 P. M.
4. Place of Birth, (Street and Number) 424 Conkay Street.
5. Full Name of Mother, Mary Stankiewicz.
6. Mother's Maiden Name, Ott.
7. Mother's Birthplace, Petrowitz near Birchofswerda West Prussia - Germany.
8. Full Name of Father, Johann Stankiewicz,
9. Father's Occupation Tailor,
10. Father's Birthplace, Loebau Russ - Pol.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kasme / for the Mother Relief Society.

Address, 632. N. Fremont Ave..

Remarks,

5960003676

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife shall enter the full name and occupation of its parents, the date and place of birth, and the sex of each child to which she shall have been delivered, duly signed by the practitioner in the form of a certificate, which certificate shall be delivered to the parent or person having charge of such child at the time of its birth, and every midwife shall make a return to the Commissioner of Health, on the first day of each and every month to the office of the Commissioner of Health, of all births which shall occur during the preceding month at which she shall have been in attendance, or, if in attendance upon the mother, and the child shall be born dead, or shall die before the midwife shall have left the house, a certificate of such fact shall be given by the midwife to the parent or person having charge of such child, to be returned to the Commissioner of Health, in the manner and within the time prescribed by this section, and every midwife who shall fail to report all births at which she shall have been in attendance, or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 7th 1826
4. Place of Birth, (Street and Number) Irving Place & 12th
5. Full Name of Mother, Ann Dee
6. Mother's Maiden Name, Allen wright
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Dee
9. Father's Occupation, iron stratanner
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Wm. H Keller

Address, 1122 Wilkins ave

Remarks,

B96U0036772

Wm. J. C. Dulany Co., City Printers and Stationers.

been committed in any case, he, or some one of the persons who shall have been present at the birth, shall make out a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, or should the attendance of such person or persons be prevented by reason of such child's being still born, then it shall become the duty of the person or persons in whose house or premises such child is born, or of the mother of such child if able, to make out the certificate required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-28-58

RETURN OF A BIRTH. 76273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Esther Wirtz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 August 1896
4. Place of Birth, (Street and Number) 205 N. Bentalou
5. Full Name of Mother, Johanna Wirtz
6. Mother's Maiden Name, Hirschfeld
7. Mother's Birthplace, Europe
8. Full Name of Father, Charles Wirtz
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R Ellis

Address,

Remarks,

8960003678

said child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report it to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 5 August
4. Place of Birth, (Street and Number) 209 N. Gay St
5. Full Name of Mother, Katie Breakwell
6. Mother's Maiden Name, Henkle
7. Mother's Birthplace, Balto
8. Full Name of Father, Frederick Breakwell
9. Father's Occupation Brass finisher
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs R Illig

Address, 1809 E Lexington St

Remarks,

64 00003679

been cob arred its sex, color, the full name and occupation of its Parents, the date and place of birth, the said schedule shall be delivered, duly signed by the Physician, Midwife or other person in attendance upon the mother, immediately thereafter, it shall become the duty of the person in parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required by any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No.]

RETURN OF A BIRTH. 7628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 10 1896

4. Place of Birth, (Street and Number) Perkins Lane nr. Washington st

5. Full Name of Mother, Sarah Connolly

6. Mother's Maiden Name, Sarah Riley

7. Mother's Birthplace, England

8. Full Name of Father, Michael Connolly

9. Father's Occupation Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Chas. A. Elwell, M.D.

Address, 1741 Hanford ave

Remarks,

6 7 6 0 7 6 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Said Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the said certificate may be signed by the owner, agent or manager of the premises where the birth occurs, or by the parent or parents of such child, or by the nurse in attendance upon the mother, immediately after the birth, and it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 76276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, august 4th 10:15:96
4. Place of Birth, (Street and Number) Christian st # 1924
5. Full Name of Mother, mary E Smith
6. Mother's Maiden Name, mary E Warfield
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William E Smith
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs R Kelley

Address, # 1922 Wilkins Ave

Remarks,

1 5 9 6 U 0 3 6 8 1

months, etc., it shall set forth as far as the same can be ascertained the full name of each child (if any) born alive of the mother before the birth to which the return relates, and the sex and date of birth of each such child, and the name conferred; its sex, color, the full name and occupation of its parents, (if a certificate between the first and said schedule shall be delivered, duly signed by the attending physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the physician or midwife in attendance upon the mother, immediately thereafter, to make a return of the particulars required by this section, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) F

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug. 11 (1 P. M.) 1896

4. Place of Birth, (Street and Number) 509 Vincent Alley or Street

5. Full Name of Mother, Mary Magdalene Gaujan

6. Mother's Maiden Name, Loose

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, John Gaujan

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaine (Mrs. Ellen A. Kaine)

Address, Mother's Relief Society 509 Vincent Alley

Remarks,

1896 00 03682

Each certificate shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no one of the parents of such child be present at the birth, the owner or occupier of the house in which the birth shall occur within the period above required, and any person having knowledge of the birth, shall report the same to the Commissioner of Health, in the manner and with the attendance upon the part of the Commissioner of Health, in the manner and with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. T. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-19-57

RETURN OF A BIRTH. 76278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Christian ~~Oehring~~ Fifth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 12 1886.
4. *Place of Birth, (Street and Number)* No. 1808 Hanford ave.
5. *Full Name of Mother,* Selma Oehring
6. *Mother's Maiden Name,* Selma Neumann (Neuman)
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Hugo Oehring
9. *Father's Occupation* Groceries
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Aug. C. Elwell, M.D.

Address, 1741 Hanford ave

Remarks,

8 4 6 0 0 3 6 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

1898.]

RETURN OF A BIRTH. 76279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5t

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, august the 12 1896
4. Place of Birth, (Street and Number) 1402 Monroe st
5. Full Name of Mother, Johanna Rickert
6. Mother's Maiden Name, Johanna Shanahan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Christian Rickert
9. Father's Occupation Car inspector
10. Father's Birthplace, germany

Name of Medical Attendant, or other person who makes this Return, Jurs S Talley

Address, 1925 Wilkins Ave

Remarks,

0 4 6 U 0 0 3 6 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected the sex, either the full name and occupation of its parents, the date and place of birth; and the said duty of each and every month to the office of the Commissioner of Health. Should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above recited, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above recited, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 12th / 3 to 4 P.M.
4. *Place of Birth, (Street and Number)* 1250 Columbia Ave.
5. *Full Name of Mother,* Cecilia Florence McCalf.
6. *Mother's Maiden Name,* Rangelmann
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* William Henry McCalf
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return Mrs. M. Kane / Asst Sec

Address, Maternity Relief Society / 624 N. Fremont Ave

Remarks,

B 9600003685

(Note.—Any person who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 13 (4. 50 A. M.)
4. *Place of Birth, (Street and Number)* 1024 Goodman Ally.
5. *Full Name of Mother,* Mary Curran,
6. *Mother's Maiden Name,* Schimpf,
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Joseph Curran,
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. M. Kamme (for the

Address, Mother [illegible] Society) 633 N. Fremont Av.

Remarks,

8960003686

…been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRT

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: William ~~Daniel~~ Gentry No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth 76282

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 14, 1896.
4. Place of Birth, (Street and Number) No. 1310 Aisquith st.
5. Full Name of Mother, Mary Gentry
6. Mother's Maiden Name, Ruby Lavelle.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Hayden Gentry.
9. Father's Occupation Telegraph Operator.
10. Father's Birthplace, Louisiana.

Name of Medical Attendant, or other person who makes this Return, Eug. A. Clewell, M.D.

Address, 1741 Harford ave

Remarks,

B 4 c U o 0 7 6 8 7

(Penalty for refusal) Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner or midwife, or other person between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the birth, the mother herself shall within the period above required, and jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 August "
4. Place of Birth, (Street and Number) 1150 Long St
5. Full Name of Mother, Barbara Ash
6. Mother's Maiden Name, Oppenheimer
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Isaac Ash
9. Father's Occupation, Store
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs R Willis

Address, 330 E Lexington

Remarks, 8466000036888

shall occur within the limits of this city, it shall become the duty of the parent or parents of such child, the householder in which such birth occurs, and the physician or midwife present at such birth, or the mother, immediately thereafter, in the manner and within the period above required, to report its birth to the Commissioner; and any such person who shall neglect or fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex. (state whether male or female)	Female
2. Race or Color. (if not of the white race)	White
3. Date of Birth.	Aug 14 " 96
4. Place of Birth, (Street and Number)	107 S Eutaw St
5. Full Name of Mother.	Mrs Daisy Spedden Christ
6. Mother's Maiden Name.	" " "
7. Mother's Birthplace.	Balto
8. Full Name of Father,	Richard H Christ
9. Father's Occupation	Driver
10. Father's Birthplace.	Balto
Name of Medical Attendant, or other person who makes this Return.	E. E. Wilmot Union Square
Address.	
Remarks.	8 7 6 0 0 0 3 6 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-9-56

RETURN OF A BIRTH. 76285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Viola Caverno

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 14. 9 A. M. 1896
4. Place of Birth, (Street and Number) 503 N. Madison Street
5. Full Name of Mother, Annie Caverno.
6. Mother's Maiden Name, Griffin
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, John Ellsworth Caverno.
9. Father's Occupation Workmen (Electric)
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. A. Kanen (for the

Address, Mothers Relief Society, 632 N. Fremont Ave

Remarks.

+ 896U003690

Said schedule shall be delivered duly signed by the practitioner, in the form of a certificate between the first and third day of each month to the office of the registrar of vital statistics, Board of Health. In case the birth occurs in the absence of a physician or midwife, or should no other person be in attendance during the birth, the mother shall become the duty of the person or parents of such child to report its birth to the registrar. If shall become the duty of the person or parents of such child to report its birth to the registrar within the period above required, and shall occur upon the mother's immediate removal from the premises, the duty of reporting such birth shall devolve upon the mother's immediate removal from the premises, the duty of reporting such birth shall devolve upon the mother, in the manner provided in this section. Should any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 15 / 9. 15. P. M. / - 1896
4. Place of Birth, (Street and Number) 215 Parkin Street
5. Full Name of Mother, Mary Lowler,
6. Mother's Maiden Name, Hatty,
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father James Lowler,
9. Father's Occupation Boilermaker,
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanne / for the

Address, Mothers Relief Society / 632 W. Fremont St.

Remarks,

B 9 6 0 0 0 3 6 9 1

said school is shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, where a birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th 4.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7th Aug 18 96

4. Place of Birth, (Street and Number) No 807 E Monument st

5. Full Name of Mother, Louisa Rosner

6. Mother's Maiden Name, Louise Petry

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Andrew L. Petry

9. Father's Occupation City Garbage Cart

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Chas E. Lauer

Address, No 105 Eastland Ave

Remarks, Bal Md

1896

8960003692

Wm. J. C. Dulany Co., City Printers and Stationers.

286.]

RETURN OF A BIRTH. 76288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 17, 1896.
4. Place of Birth, (Street and Number) Res. 1732 Harford ave.
5. Full Name of Mother, Elizabeth Pizzatti.
6. Mother's Maiden Name, Elizabeth Philippi
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Christian Pizzatti.
9. Father's Occupation Piano Tuner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Eug. A. Elwell, M.D.

Address, 1741 Harford ave

Remarks,

6 y 6 U 6 3 6 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76289

CERTIFICATE CORRECTED 9/22/96.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jesse Frederick Kaler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 18. (11 + 5. A. M.), 1896
4. Place of Birth, (Street and Number) 2028 Eagle Street.
5. Full Name of Mother, Elisabeth Köhler Kaler.
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Landberg b. Frankfurt a/M. Germany.
8. Full Name of Father, Johann Michael Köhler Kaler
9. Father's Occupation Cabinetmaker.
10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanus (for the

Address, Mothers Relief Society) 632 N. Fremont Ave.

Remarks.

8960003694

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or commissioner of health, or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section. Any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 18 / 9. 10. P. M. / 1896
4. Place of Birth, (Street and Number) 1010 Compton Street.
5. Full Name of Mother, Virginia, Allen Grover.
6. Mother's Maiden Name, Yaninger.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, James Henry, Cleveland Grover
9. Father's Occupation Bricklayer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Hanna / for the

Address, Mother's Relief Society / 632 N. Fremont Ave.

Remarks.

8960003695

been conferred) its sex, color, the full name and occupation of its mother, the time of birth and said schedule shall be delivered, duly signed, to the Commissioner in the form of a certificate between the first and third day of each month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or there be no other person in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner in the manner and within the period above required, and any such person or persons neglecting or refusing hereafter fail to comply with the provisions of this section shall be subjected to the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Mary ~~~~ McDonnell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Illegible
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 August 1896
4. Place of Birth, (Street and Number) 610 E. Eager St
5. Full Name of Mother, Bridget McDonnell
6. Mother's Maiden Name, Bridget Henry
7. Mother's Birthplace, Ireland
8. Full Name of Father, John McDonnell
9. Father's Occupation, Foreman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Cunningham

Address, 1-4-54

GIVEN NAME ADDED

Remarks, h M

6 7 6 0 0 0 3 6 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 16292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex. (state whether male or female) Male
2. Race or Color. (if not of the white race)
3. Date of Birth. 19 August
4. Place of Birth, (Street and Number) 1250 E Lexington St
5. Full Name of Mother, Annie Wagner
6. Mother's Maiden Name, Weisel
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Charles Wagner
9. Father's Occupation Clerk
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulrich

Address, 1302 E Lexington St

Remarks,

B 9 6 0 0 0 3 6 9 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child (except in cases of still-birth) to report the same within five days thereafter, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 19 August
4. Place of Birth, (Street and Number) 1637 Orleans St
5. Full Name of Mother, Mary Watts
6. Mother's Maiden Name, " Ames
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Albert Watts
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulig

Address, 1902 E Lexington

Remarks, 6960003698

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred.) Its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be required to report its birth to the Commissioner of Health, it shall become the duty of the occupant of the house in which such birth occurs, or in case of his absence, the nearest relative present, immediately thereafter, to report the same, and within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 25 (7.20. P. M.).
4. Place of Birth, (Street and Number) 1621 Elizabeth Lane,
5. Full Name of Mother, Virginia Benton,
6. Mother's Maiden Name, Wellner
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Frank Benton
9. Father's Occupation Ship carpenter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanne (for the

Address, Methodist Relief Society) 632 N. Fremont Ave.

Remarks,

8960003699

Wm. J. C. Dulany Co., City Printers and Stationers.

...and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case no physician or practitioner of midwifery of the person or parents of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon such birth, the mother of such child shall immediately thereafter, if able to become and within the period above required, make a return of such birth to the Commissioner of Health, in the manner and within the time above specified, and shall comply with the provisions of this section in the same manner as the person or persons who should have made such return. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be fined for each offence, to be recovered as other fines and forfeitures are recoverable, in the sum of not less than five (5) dollars nor more than ten (10) dollars for each offence.

RETURN OF A BIRTH. 76295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Aug 20 1894
4. Place of Birth, (Street and Number) Baltimore Md 434 S Gilmore.
5. Full Name of Mother, Sophia Hesenrater
6. Mother's Maiden Name, Dyer.
7. Mother's Birthplace, Germany
8. Full Name of Father, Laurenz Hesenrater
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr Mary Fleming

Address, 414 S Stricker St Baltimore City

Remarks, Mother and Child are doing well

1 8 9 6 0 0 0 3 7 0 0

Wm J C. Dulany Co., City Printers and Stationers.

Each certificate of birth must be written in ink, and must be signed by the person in the form of a certificate between the first and fifth days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no return of such attendance upon the mother, immediately thereafter, be made to the Commissioner of Health, in the manner and within the period above required, and child to report. In which case the midwife who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...6.]

RETURN OF A BIRTH. 76296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Whit
3. Date of Birth, august the 21 18 96
4. Place of Birth, (Street and Number) Schrader st No 43
5. Full Name of Mother, mollie F mcgreevy
6. Mother's Maiden Name, mollie F barthlow
7. Mother's Birthplace, martins burg
8. Full Name of Father, William Mc greevy
9. Father's Occupation machinest
10. Father's Birthplace, washington

Name of Medical Attendant, or other person who makes this Return, Dr S Selby

Address, No 12 22 Wilkins ave

Remarks,

8960003701

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall not be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the nurse or midwife in attendance upon such child to report to the Commissioner of Health, in the manner and within the period above required, and any such nurse or midwife or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child Annie Patrons

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 21. (7 P. M.)
4. Place of Birth, (Street and Number) 1119 Sharp Street.
5. Full Name of Mother, Katharina Magdalene Patrons,
6. Mother's Maiden Name, Kraus.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Robert George Washington Patrons,
9. Father's Occupation Laborer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaund for the

Address, Mothers Relief Society 632 N. Fremont Ave.

Remarks.

8960003702

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76 298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 24th 1896
4. Place of Birth, (Street and Number) 700 W Lombard St
5. Full Name of Mother, Grace D Davis
6. Mother's Maiden Name, Davis
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph H Parish
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Bruning

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and child are doing well

5760003703

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the Registrar of Vital Statistics, at the office of the Board of Health, and shall attend upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here after neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

280.]

RETURN OF A BIRTH. 76299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Myrtle Walton ~~Curran~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 23, 1896
4. Place of Birth, (Street and Number) No 1208 Harford ave
5. Full Name of Mother, Kate Curran
6. Mother's Maiden Name, Kate Bennett
7. Mother's Birthplace, Maryland
8. Full Name of Father, Harry L Curran
9. Father's Occupation Ex fireman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Eug. A. Elwell M. D.

Address, 1241 Harford ave

Remarks,

24600 23704

heen conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be left or sent to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of any child to report its birth to the said Commissioner of Health, in the manner and within the time prescribed in this section shall be subject to the fine or fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[38.]

RETURN OF A BIRTH. 76300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Wh
3. *Date of Birth,* August th 23. 1896
4. *Place of Birth, (Street and Number)* 1st Rad st No 26
5. *Full Name of Mother,* molley A Schalitzky
6. *Mother's Maiden Name,* molley A morgan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John T. Schalitzky
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss E Shelley

Address, No 1922 Wilkins Ave

Remarks,

8960003705

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Physician, Midwife, or other person who shall attend upon any birth, shall, within ten days after such birth, deliver to the Registrar of Vital Statistics, at the office of the Commissioner of Health, the name and occupation of its parents, the date and place of birth, and the sex, color, and full name of such child, if named, and if not named, the fact shall be stated, and the name subsequently given shall be registered, duly signed by the Practitioner in the form of a certificate between the first and third day of each month; and if there is no Physician in attendance, the certificate shall be signed by the person who shall act as nurse or shall have charge of the mother during her confinement. In case the birth of such child shall occur without the attendance of a Physician or nurse, the father or mother of such child, if living within the city, shall, within ten days after such birth, report the same to the Commissioner of Health, in the manner and within the period above prescribed, and any such person who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-5-56

RETURN OF A BIRTH. 76301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grafton Leonard Alexanbaugh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August the 24th 1896
4. Place of Birth, (Street and Number) Ingalwood st No 5-32
5. Full Name of Mother, mollie A alenbaugh
6. Mother's Maiden Name, mollie A Leonard
7. Mother's Birthplace, Alexander Va
8. Full Name of Father, Charles F alenbaugh
9. Father's Occupation Stationer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary E Kelly

Address, No 1922 William Ave

Remarks,

8960003706

Wm. J. C. Dulany Co., City Printers and Stationers.

Each physician in any county, etc., &c., [illegible] name and occupation of its parents, the date and place of birth, and the name of the child, if it has been named, and the certificate of the Coroner in the form of a certificate between the first and third day of each and every month to the office of the Clerk of the Circuit Court for the county in which the birth or death shall occur without the attendance of a physician or practioner of midwifery, or should no other person required to make such return be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to make such return to the Clerk of the Circuit Court for the county in which the birth occurred within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, Aug. 24. 96

4. Place of Birth, (Street and Number) 909 E. Lomb. St. ... Lawley

5. Full Name of Mother, Mrs. Ellen Agnes McCabe ... Lawley

6. Mother's Maiden Name, Wife ... " McCabe

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Richard Peter ... Lawley

9. Father's Occupation Watchman W. Wks

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, G. G. Rink M. D.

Address, 1000 E. Balt. St.

Remarks, Forceps delivery

5960003703

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child should occur without the attendance of a physician or midwife, it shall become and within the first week of each month to the office of the Commissioner of Health, in the city of Baltimore, the name, sex, color, date and place of birth of such child, the name, residence and occupation of the parents, and such other information as may be required, and the person or persons who shall neglect or refuse to make such return shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Aug 21
4. Place of Birth, (Street and Number) 331 Broadway
5. Full Name of Mother, Mamie Simpson
6. Mother's Maiden Name, Mamie Brody
7. Mother's Birthplace, Va
8. Full Name of Father, Wm F Simpson
9. Father's Occupation Teamster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, O O Tumbleson MD

Address, Md Gen Hosp

Remarks,

8960003708

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 24
4. Place of Birth, (Street and Number) 212 Vine St
5. Full Name of Mother, Mrs Julia Gray Zimmerman
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, Julius E Zimmerman
9. Father's Occupation, Farmer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E E Allen M D

Address, Lemmon Bldg

Remarks,

B 7 6 0 0 0 3 7 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colud
3. Date of Birth, August the 25 1896
4. Place of Birth, (Street and Number) Wilcom alley No 222
5. Full Name of Mother, Henretta garland
6. Mother's Maiden Name, Henretta Carter
7. Mother's Birthplace, elmira County virginia
8. Full Name of Father, Humphry Carter
9. Father's Occupation Labour
10. Father's Birthplace, elmira County virginia

Name of Medical Attendant, or other person who makes this Return, sarah Jane Thomson

Address, 1 c 124 west Hyde st

Remarks, full 9 months

8 9 6 U. 8 3 7 1 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the city, immediately thereon, and within the period above required, and shall come within the limits of the city, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colud
3. Date of Birth, August th 25 1896
4. Place of Birth, (Street and Number) Howard st No 939
5. Full Name of Mother, Martha Birkup
6. Mother's Maiden Name, Martha Braun
7. Mother's Birthplace, dorchester County
8. Full Name of Father, samuel Birkup
9. Father's Occupation Labour
10. Father's Birthplace, dorchester County

Name of Medical Attendant, or other person who makes this Return, sarah Jane Hemsley

Address, 124 west Fleet st

Remarks, full 9 months

Shall be the duty of every physician or midwife in attendance upon any case of birth occurring in Baltimore City, and of the parents or other person having charge of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner or midwife, it shall become the duty of the parents or other person having charge of such child to report its birth immediately thereafter. It shall be the duty of the parents or persons in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

5760 03711

RETURN OF A BIRTH. 76307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 August
4. Place of Birth, (Street and Number) 120 Harrison St
5. Full Name of Mother, Beckie Salinsky
6. Mother's Maiden Name, Friedenberg
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas Salinsky
9. Father's Occupation, Salesman
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R Illig

Address, 1302 Edmington

Remarks, 8960003712

and sexton shall be delivered, and by the physician or midwife in attendance at the birth, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above provided, and shall report its birth to the Commissioner of Health, in the manner and within the period above provided, and child to report its birth to the Commissioner as aforesaid, in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 25th 96
4. *Place of Birth, (Street and Number)*	108 N. Eden St
5. *Full Name of Mother,*	Anna M. Kohler
6. *Mother's Maiden Name,*	Anna M. Buckman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Kohler
9. *Father's Occupation*	Tailor
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Wm. Jenkins
Address,	100 Cathedral St
Remarks.	

6960003713

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month next succeeding the birth, or stillbirth, of any child to whose birth or stillbirth no other person is in attendance or a physician or practitioner shall become the duty of the person or parents of such child to report its birth to the Council hereafter fail to comply with the provisions of this section, he shall be subject upon the mother, immediately thereafter, in the manner and within the period above required, to make such report, and any such person or parents who shall refuse or neglect to make such report shall be subject to the fine of not less than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 26
4. Place of Birth, (Street and Number) 1508 Hillen
5. Full Name of Mother, Mrs Mollie Cantrell Compton
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Md
8. Full Name of Father, Harry C. Compton
9. Father's Occupation Merchant
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. B. Ulman

Address, Union Sq

Remarks, 8960003714

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5c

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, august the 22 18 96
4. Place of Birth, (Street and Number) N 20 10 W Stiles Av
5. Full Name of Mother, malley Crainlet
6. Mother's Maiden Name, malley moore
7. Mother's Birthplace, Baltimore
8. Full Name of Father, arthen Crainlet
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, miss S Kelley

Address, N 1922 Wilkins Ave

Remarks,

5960003715

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should the person or parents of such child fail to report its birth to the Commissioner, as aforesaid, the person or parents of such child shall be subject to a penalty not exceeding five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 17631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 25 1896.
4. Place of Birth, (Street and Number) Res. 146 Harford ave. ex L.
5. Full Name of Mother, Ellen Harper
6. Mother's Maiden Name, Ellen Hollen
7. Mother's Birthplace, Maryland
8. Full Name of Father, Andrew P. Harper
9. Father's Occupation Father
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elwell M.D.

Address, 1246 Harford ave

Remarks,

8960037L6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second floors of each and every house, and every month to the office of the Commissioner of Health, or should no other person be in said office, without the attendance of a physician or midwife, to the birth of any child shall occur attendance upon the mother, immediately to report the same to the Commissioner of Health, in the manner and within the period above specified, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 28/96
4. Place of Birth, (Street and Number) 1358 N. Calhoun
5. Full Name of Mother, Mary Wood
6. Mother's Maiden Name, Mary Lewis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ethel Wood
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo W Towns M.D

Address, 1501 Pressman

Remarks,

8960003717

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d,

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 27th 1896.
4. Place of Birth, (Street and Number) 233 North Central Ave.
5. Full Name of Mother, Catherine Light.
6. Mother's Maiden Name, Catherine Virginia Trimmer.
7. Mother's Birthplace, United States of America.
8. Full Name of Father, Henry Edgard Light.
9. Father's Occupation, Cigar maker.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Amanda Eliza Godfrey

Address, 837 Market Central Avenue

Remarks,

8960003718

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-11-56

RETURN OF A BIRTH. 76314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Howard Melvin Becraft

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 29 1934
4. Place of Birth, (Street and Number) Gilmor St. No 429
5. Full Name of Mother, Sarah E. Becraft
6. Mother's Maiden Name, Sarah E. Becraft
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Cornelius Ed Becraft
9. Father's Occupation Conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Kelly

Address, 1912 Wilkins ave

Remarks,

B 960003719

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the limits of a jurisdiction or practioner of midwifery, or should no other person be in attendance, it shall be the duty of the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the same manner as herein required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM

RETURN OF A BIRTH. 76315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5t
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	august the 22 1896
4. *Place of Birth, (Street and Number)*	1815 st
5. *Full Name of Mother,*	Alice S Schleighii
6. *Mother's Maiden Name,*	Alice S Barin
7. *Mother's Birthplace,*	germany
8. *Full Name of Father,*	John S Schleighii
9. *Father's Occupation*	Sugar engineer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Talley
Address,	1922 Mc Elderry Ave
Remarks,	

1 8960003720

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall not be reported within the time above required, the midwife, physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of such attendance upon the mother, immediately thereafter, it shall become the duty of the nurse to report within the period above required, and child to report its birth to the Commissioner of Health, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 29 1896
4. *Place of Birth, (Street and Number)* No. 1526 E. Spring st.
5. *Full Name of Mother,* Mary A. Reese
6. *Mother's Maiden Name,* Mary A. Arline
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* John W. Reese.
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elwell M.D.

Address, 1724 Harford ave

Remarks,

B 7 6 0 0 0 3 7 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health, Baltimore City. Every child that shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner forthwith, and the same to certify, as required above recited, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, August 30th 1896.
4. Place of Birth, (Street and Number) 1408 Hanover St.
5. Full Name of Mother, Lilly A. Wilbur.
6. Mother's Maiden Name, " Swindell.
7. Mother's Birthplace, Balto. city. Md.
8. Fult Name of Father, Reuben H. Wilbur.
9. Father's Occupation
10. Father's Birthplace, Balto. city. Md.

Name of Medical Attendant, or other person who makes this Return, R. J. H. Tall. M.D.

Address, 1204 Madison Ave

Remarks,

1896U003722

Every birth of each and every month to the office of the Commissioner of Health. To cure the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 30 of August
4. Place of Birth, (Street and Number) 1004 E. Lombard St
5. Full Name of Mother, Jenny Kanisowitz
6. Mother's Maiden Name, Greenberg
7. Mother's Birthplace, Russia Kione State
8. Full Name of Father, Herman Kanisowitz
9. Father's Occupation, Tailor
10. Father's Birthplace, Kione State Russia

Name of Medical Attendant, or other person who makes this Return, H. Flinder M. D.

Address, 143, N. Front St

Remarks, 6760003723

Wm. J. C. Dulany Co., City Printers and Stationers.

Any physician or midwife who shall neglect to report any birth at which he or she shall be in attendance, within the time prescribed by the ordinances of Baltimore City, or shall report any birth at which he or she shall not be in attendance, or shall report the same otherwise than as required by the ordinances of Baltimore City, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not more than twenty dollars for each offence. No certificate of birth shall be issued by the Registrar of Vital Statistics, Board of Health, Baltimore City, except upon the return of a physician or practitioner or midwife, or, if there be no physician or practitioner or midwife in attendance upon the mother, immediately after the birth, then upon the return of the parent or parents of such child, or the householder or owner of the premises where such birth occurred, and no certificate of birth shall be issued by the Registrar of Vital Statistics, Board of Health, Baltimore City, except upon the return of a physician or practitioner or midwife, or, if there be no physician or practitioner or midwife in attendance upon the mother, immediately after the birth, then upon the return of the parent or parents of such child, or the householder or owner of the premises where such birth occurred, and no other person be in attendance upon the mother, immediately after the birth, who shall neglect to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time prescribed by the ordinances of Baltimore City, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not more than twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF BIRTH. 6319

GIVEN NAME ADDED 2/23/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: William Henry Norris 2d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 30th 1860

4. Place of Birth, (Street and Number) No 168 Mt Royal Terrace

5. Full Name of Mother, Laura L. D. Norris

6. Mother's Maiden Name, Laura L. Dixon

7. Mother's Birthplace, (State) Maryland

8. Full Name of Father, Wm. S. Norris

9. Father's Occupation Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. Smith M.D.

Address, 400 Cathedral St

Remarks.

8960003724

Wm. J. C. Dulany Co., City Printers and Stationers

Every person required by law to report a birth, or the practitioner in the form of a certificate, the birth of any child shall deliver such certificate to the office of the Registrar of Vital Statistics, or mail the same, within ten days after the birth of such child, and every month to the office of the Commissioner of Health. And no other person is in such case without the attendance of a physician or practitioner shall be required to report the birth of any child to the Registrar of Vital Statistics, or the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 76320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Augt 30-96
4. Place of Birth, (Street and Number) 1620 Vincent alley
5. Full Name of Mother, Sarah Ford
6. Mother's Maiden Name, Sarah Boyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, D. Jno. Ford
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Norris M D

Address, 1501 Russtman ave

Remarks,

8760003725

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child, if there be such person, to report the birth as herein required, and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Negro.
3. Date of Birth, Aug. 31. '96 - 10.45 A.M.
4. Place of Birth, (Street and Number) 619 Greenmount Street.
5. Full Name of Mother, Martha Perkins
6. Mother's Maiden Name, Martha Perkins
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Willis Thomas
9. Father's Occupation Driver
10. Father's Birthplace, Unknown.

Name of Medical Attendant, or other person who makes this Return, Lady M. Johnson

Address, 1430 Hollins Street.

Remarks, Name conferred; Brs. of Genevieve Browne Thomas

8760003726

Wm. J. C. Dulany Co., City Printers and Stationers.

Any physician, midwife or other person who shall neglect or refuse to report, as herein required, any birth at which he or she shall be present, or of which he or she shall have knowledge, within ten days after the birth, or who shall neglect or refuse to report, as herein required, any birth of which he or she shall have knowledge, within ten days after the third day of each and every month to the office of the Commissioner of Health, or who shall neglect or refuse to report, as herein required, any birth which occurs without the attendance of a physician or midwife, within ten days after the third day of each and every month to the office of the Commissioner of Health, or who shall neglect or refuse to report, as herein required, any birth of which he or she shall become the duty of the person or parents of such child to report, as herein required, and no other person be in attendance upon such birth, shall, upon conviction thereof, forfeit and pay for each offence a sum not less than five (5) dollars nor more than ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 21
4. Place of Birth, (Street and Number) 566 Pulaski St
5. Full Name of Mother, Mrs Mary Dietz Dietz
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas Dietz
9. Father's Occupation Electrician
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E. E. Wentz

Address, Lemmon Apts

Remarks,

B 9 6 0 0 0 3 7 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 31-96
4. *Place of Birth, (Street and Number)*	153 Clifton St
5. *Full Name of Mother,*	Mary Morgan
6. *Mother's Maiden Name,*	Mary Smith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas. Morgan
9. *Father's Occupation,*	Keeper of Parks animals
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo. W. Jones M.D
Address,	1501 Presstman
Remarks,	

8960003728

Wm J C. Dulany Co., City Printers and Stationers.

Every midwife, or other person not a physician or practitioner of midwifery, who shall attend the birth of any child in the city of Baltimore, shall, within three days after the birth of such child, report the same in writing at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required by this section to report the same, then it shall become the duty of the person in charge of the house or premises where such birth occurs to report the same as above required, and in default thereof shall immediately thereafter it shall become the duty of the person above required, and in default of such report as aforesaid, to report the same within the period above required, and shall forthwith report in writing to the Commissioner of Health, in the manner required by this section, the name, sex, color and date of birth of such child, and shall comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 31 1896
4. Place of Birth, (Street and Number) 202 E. Exeter
5. Full Name of Mother, Bertie Mayer
6. Mother's Maiden Name, ~~Bertie~~ Weil
7. Mother's Birthplace, Russia Home State
8. Full Name of Father, Morris Mayer
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Russia Home State

Name of Medical Attendant, or other person who makes this Return, H. Flinder M. D.

Address, 143 N. Front St

Remarks,

8760003729

Wm J C. Dulany Co., City Printers and Stationers.

Third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and any such person who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 31 st 1896
4. *Place of Birth, (Street and Number)* Walnut St 5-81
5. *Full Name of Mother,* Dollie Hebron.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Anapolis Md.
8. *Full Name of Father,* Joseph Johnson.
9. *Father's Occupation* Coachman.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, none

Address, 5-81 Walnut St Mary Hackett

Remarks,

1896 00037730

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate to the effect that such third day of each and every month to the officer or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76 326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 81th Aug 96
4. Place of Birth, (Street and Number) 1314 Hollins St
5. Full Name of Mother, Emma Byrd
6. Mother's Maiden Name, " Chandler
7. Mother's Birthplace, Portsmouth Va
8. Full Name of Father, Harry Byrd
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Surd E. Yewell

Address, 650 E. Fort Ave

Remarks,

| 8 9 6 0 0 0 3 7 3 1 |

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, and every person present at the birth of any child in case the birth of any child shall occur without the presence of a physician or practitioner or midwife, shall, within ten days after the birth, report the same to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the time above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	August 31st 1896
4. Place of Birth, (Street and Number)	224 N Chapel Street
5. Full Name of Mother,	Bessie Johnson
6. Mother's Maiden Name,	Bessie Johnson
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	John Johnson
9. Father's Occupation	Driver
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return,	Mrs H Ryan, Midwife
Address,	1922 E Fayette Street
Remarks,	

1896 00003732

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Physician, Midwife or other person who shall hereafter attend upon any birth, shall, within ten days after such birth, make a return thereof to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, Aug 31/96
4. Place of Birth, (Street and Number) 2609 Bruce St.
5. Full Name of Mother, Mrs Clarence McMillan
6. Mother's Maiden Name, Georgia Taylor
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Clarence McMillan
9. Father's Occupation Boiler Cleaner
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, E A Smith M D

Address, 2505 Penna. Ave.

Remarks,

1896U003733

Wm. J. C. Dulany Co., City Printers and Stationers.

Physicians and midwives are required to report births to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in like manner and within the period above required, and in case any such person or parents shall fail to comply with the provisions of this section, he or they shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 31. 1846
4. Place of Birth, (Street and Number) 316 E. Hamburg. St
5. Full Name of Mother, Grace Estilla. Schly
6. Mother's Maiden Name, Grace E. Gullian
7. Mother's Birthplace, Baltimore. md
8. Full Name of Father, George. Willard. Schly
9. Father's Occupation, Blacksmith.
10. Father's Birthplace, Baltimore. md

Name of Medical Attendant, or other person who makes this Return, Ellamore. A. andersons

Address, 1434. Patapsco. St

Remarks,

8960003734

Wm J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-17-46

RETURN OF A BIRTH. 76330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: SARAH TILGHMAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex*, (state whether male or female)	Female
2. *Race or Color*, (if not of the white race)	Wht.
3. *Date of Birth*,	Aug. 2/06
4. *Place of Birth*, (Street and Number)	1110 Myrtle Ave.
5. *Full Name of Mother*,	Mrs J Cooke Tilghman
6. *Mother's Maiden Name*,	Bessie Haughton
7. *Mother's Birthplace*,	N. Carolina
8. *Full Name of Father*,	J Cooke Tilghman
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	E A Smith M.D.
Address,	2508 Pennsa. Ave.
Remarks,	Sarah Tilghman

8960 03735

said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the birth, the mother or the person who shall have charge of such child shall immediately thereafter, if able, give notice of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 2nd Aug 96
4. Place of Birth, (Street and Number) 508 E Lemmon St
5. Full Name of Mother, Lavinia Brooks
6. Mother's Maiden Name, Peters
7. Mother's Birthplace, Dorchester Co Md
8. Full Name of Father, Richard Brooks
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E Gorsuch

Address, 650 E Fort Ave

Remarks,

I 8 9 6 0 0 0 3 7 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76 332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 4th Aug 96
4. Place of Birth, (Street and Number) 1484 Riverside Ave
5. Full Name of Mother, Mary Ann Mc Nancy
6. Mother's Maiden Name, " " Joyce
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Michael Mc Nancy
9. Father's Occupation Brick Maker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Chas E Gewell

Address, 650 E Fort Ave

Remarks,

1896000 3737

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the time above required, it shall become the duty of the person or persons having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Aug. 4/26
4. *Place of Birth, (Street and Number)*	1715 N. Carey St
5. *Full Name of Mother,*	Mrs Geo. Plitt
6. *Mother's Maiden Name,*	Elizabeth Berger
7. *Mother's Birthplace.*	Balto. Md.
8. *Full Name of Father,*	Geo. Plitt
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M.D.
Address,	2505 Penna Ave.
Remarks,	

1896 0 03738

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 4 — 1896
4. Place of Birth, (Street and Number) 16 Broadway Court
5. Full Name of Mother, Ida Armstrong
6. Mother's Maiden Name, Lewell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Armstrong
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Pratt St.

Remarks.

1896 0003739

Wm. J. C. Dulany Co., City Printers and Stationers.

shall be delivered, duly signed by the practitioner in charge, to the Registrar of the district in which the birth occurred, within ten days after the birth, and before the issue of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in charge, to the Registrar of the district in which the birth occurred, within ten days after the birth, and before the issue of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in charge, to the Registrar of the district in which the birth occurred, within ten days after the birth, and before the issue of a certificate between the first and

RETURN OF A BIRTH. 76335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug 5 1896
4. Place of Birth, (Street and Number) McHenry St No 921
5. Full Name of Mother, Mary A. Schwalenberg
6. Mother's Maiden Name, Mary A Curran
7. Mother's Birthplace, Maryland Balt Co Elkridge
8. Full Name of Father, Geary E. Schwalenberg
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 2301 Appleton St

Remarks,

1896 0003740

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 5th Aug 96
4. Place of Birth, (Street and Number) 1207 Durst Alley
5. Full Name of Mother, Wilhelmina Perkins
6. Mother's Maiden Name, " Gurney
7. Mother's Birthplace, Va
8. Full Name of Father, Eugene Perkins
9. Father's Occupation Laborer
10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return, Chas E. Gewell

Address, 600 E Fort Ave

Remarks,

1896 0003741

said schedule shall be delivered, duly signed by the practitioner in the case, a certificate (given by the said practitioner) to the effect that he has attended the birth of such child, to the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the birth of such child, or should the person or parents of said child or person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 2nd 96.
4. Place of Birth, (Street and Number) 629 Division St.
5. Full Name of Mother, Estella Rayer.
6. Mother's Maiden Name, Kane.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm. Robie Rayer
9. Father's Occupation Conductor C. & S. R. R.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Dr. J. N. Christian

Address, 701 Madison Ave.

Remarks,

1896 00037342

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 of Aug.
4. Place of Birth, (Street and Number) 205 Grove St
5. Full Name of Mother, Mealy Holt
6. Mother's Maiden Name, Mealy Eder
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jasper Holt
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mary L Swayne

Address, 824 Canton St

Remarks,

B 9 6 U D 0 3 7 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Blanks will be furnished by the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth, immediately after birth, to the Commissioner of Health, in the manner and within the period above required, and also to permit the Commissioner of Health, or his duly authorized agent, to visit the house where such birth occurred. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth. August 7th 1896
4. Place of Birth, (Street and Number) 613 S. Eutaw St.
5. Full Name of Mother, Elise Kleyhein
6. Mother's Maiden Name, Elise Meermann
7. Mother's Birthplace, Germany
8. Full Name of Father. John Kleyhein
9. Father's Occupation Stevedore
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs H Klein Midwife

Address. 1922 E. Fayette Street

Remarks.

5960003744

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall neglect to report the birth of a child, as required by this section, or shall report any false information relative thereto, or shall neglect to report any other birth of which he may have knowledge, and which is not reported as required by this section, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76340

GIVEN NAME ADDED 7-28-59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henrietta ~~Freda~~ Caplan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) ~~Male~~
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 7th 1896
4. Place of Birth, (Street and Number) 852 E. Pratt St.
5. Full Name of Mother, Fannie Caplan
6. Mother's Maiden Name, Fannie Rabinowitz
7. Mother's Birthplace, Russia
8. Full Name of Father, M. E. Caplan
9. Father's Occupation Merchant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Thomas Cutler

Address,

Remarks,

B 9 6 0 0 0 3 7 4 5

Every case of birth in the City of Baltimore shall be reported to the Commissioner of Health. In case of birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within the space of ten days after the birth of any such person or persons shall fail to comply with the provisions of this section shall be subjected to the fine of five (5) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or one of such persons in attendance upon the mother, immediately thereafter, to report such birth to the Commissioner of Health, in manner and within the period above required, and any such person who shall wilfully fail to comply with the provisions of this section shall be subject to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 8 96.

4. Place of Birth, (Street and Number) 1823 Mc Culloh St.

5. Full Name of Mother, Sabir Emma Noel

6. Mother's Maiden Name, Rue.

7. Mother's Birthplace, Phila. Pa.

8. Full Name of Father, Edgar M. Noel.

9. Father's Occupation Builder

10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. L. A. Christian M.D.

Address, 801 Madison Ave.

Remarks,

8960003746

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Twins

1. Sex, (state whether male or female) Males
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th August
4. Place of Birth, (Street and Number) 1 24 Cannon St
5. Full Name of Mother, Elizabeth Jones
6. Mother's Maiden Name, Elizabeth Connors
7. Mother's Birthplace, Baltimore
8. Fall Name of Father, Michael Jones
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary L Swann

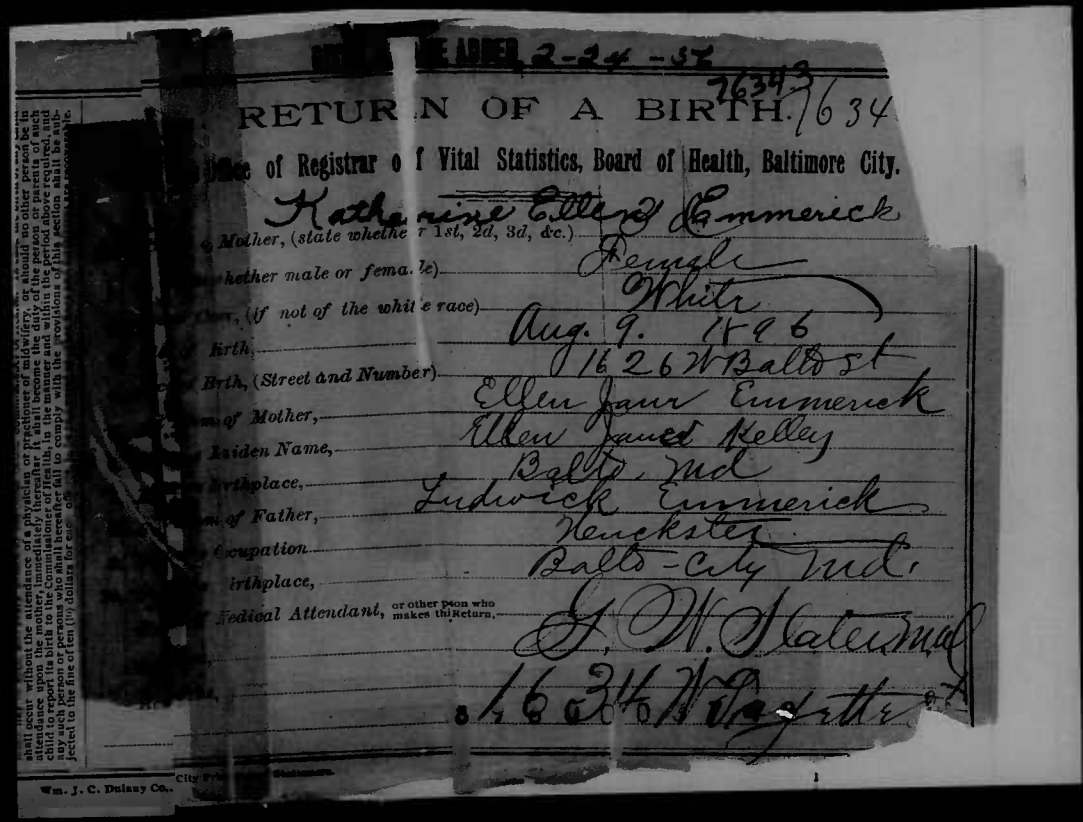
Address, 824 Canton St

Remarks.

1896 0003747

Every day of each and every month it is the duty of each commissioner of health, or of each physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person occupying such house or tenement where such birth occurs to report its birth to the Commissioner of Health, and will be required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.



RECEIVED 2-24-37

76343 1634

RETURN OF A BIRTH.

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine Ellen Emmerick

Mother, (state whether 1st, 2d, 3d, &c.) Female

Whether male or female) White

Color, (if not of the white race) Aug. 9. 1896

Birth, 1626 W Balto st

Birth, (Street and Number) Ellen Jane Emmerick

Name of Mother, Ellen Jane Kelley

Maiden Name, Balto. Md

Birthplace, Ludwick Emmerick

Name of Father, Neukster

Occupation Balto-City Md.

Birthplace, G. W. Waterman

Medical Attendant, or other Person who makes this Return, 1626 W Baltimore St

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the ward and city in which the parent and such person or persons may reside, or fail to comply with the provisions of this section shall be subject to the fine or fifty (50) dollars for each offense.

Wm. J. C. Dulany Co.

City Registrar

RETURN OF A BIRTH. 76344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 19th 1896
4. *Place of Birth, (Street and Number)*	1407 Eastern Ave
5. *Full Name of Mother,*	Mary Kuntze
6. *Mother's Maiden Name,*	Mary Kraft
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Chas Kuntze
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hy Knorr Midwife
Address,	1922 E Fayette Street
Remarks,	

1896 U 03749

Wm. J. C. Dulany Co., City Printers and Stationers.

Shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76345

GIVEN NAME ADDED 3/9/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ELSIE LOUISE BECKER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* ~~Male~~ female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 10th 1926
4. *Place of Birth, (Street and Number)* 32 South Wolfe St
5. *Full Name of Mother,* Elsie Becker
6. *Mother's Maiden Name,* Louise Lawson
7. *Mother's Birthplace,* Aberdeen
8. *Full Name of Father,* William Becker
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, J. Norman Lechler

Address, 705 E Baltimore St.

Remarks,

8760003750

shall occur without the attendance of a physician or practitioner of midwifery, or should no one of the above persons be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and who shall be in attendance, or either of them, to comply with the provisions of this section, which he or she may be able to do, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Failure to file birth certificate within the time specified in this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 sd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 of August
4. Place of Birth, (Street and Number) 821 Lanvale St
5. Full Name of Mother, Josephine Hays
6. Mother's Maiden Name, Josephine Gash
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fredrick Hays
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Galvagni

Address, 824 Canton St

Remarks,

+ 8 9 6 0 0 0 3 7 5 1

shall occur without the attendance of a physician or practioner of midwifery, as the case may be, it shall be the duty of the nearest relative present at the birth, or of the attendant, or of the occupier of the house in which the birth shall occur, or, if no such relative, attendant or occupier be present, or if the child be born elsewhere than in a house, then the duty of the person or parents of such child to report its birth to the Commissioner of Health, in like manner and within the period above required, and any person neglecting or refusing to comply with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 11th Aug 96
4. Place of Birth, (Street and Number) 1607 E. Fort Ave
5. Full Name of Mother, Emma Wesler
6. Mother's Maiden Name, " Figg
7. Mother's Birthplace, Rochester Ind
8. Full Name of Father, Thomas Wesler
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs E Gerwell

Address, 600 E. Fort Ave

Remarks,

8960003752

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person, or parents if such there be, residing in the house where such birth occurs, to report the same to the Registrar of Vital Statistics, in the manner and within the periods of time above specified. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Registrar of this City, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Wednesday Aug. 12 1896.
4. Place of Birth, (Street and Number) 917 W. Fayette St.
5. Full Name of Mother, Sophia Ignatia Blair
6. Mother's Maiden Name, Sophia Ignatia Payne
7. Mother's Birthplace, 1710 Fayette St Baltimore.
8. Full Name of Father, Emanuel Robert Blair
9. Father's Occupation Salesman
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 532 N. Fayette St

Remarks.

1896 0003753

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 August
4. Place of Birth, (Street and Number) 1118 Light St Baltimore
5. Full Name of Mother, Lizzie Heindl
6. Mother's Maiden Name, Lizzie Binges
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Peter Heindl
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm Meinch

Address, 800 Leadenhall Street

Remarks,

1896 U 003754

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the period above recited, and shall require the Commissioner of Health to cause the child to be examined by a physician appointed by him; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, Aug 12/46
4. Place of Birth, (Street and Number) 1930 Westbrook Ave.
5. Full Name of Mother, Mrs. Hy. M. O'Day
6. Mother's Maiden Name,
7. Mother's Birthplace, Talbot Co. Md.
8. Full Name of Father, Harry M. O'Day
9. Father's Occupation Tin & Sheet Iron Worker
10. Father's Birthplace, Talbot Co Md.

Name of Medical Attendant, or other person who makes this Return, E. Schmidt M.D.

Address, 2505 Penna. Ave.

Remarks,

1896 0 0 0 3 7 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the Register of Vital Statistics, a correct account of births attended by him during the preceding month, and if no births shall occur without the attendance of a midwife, or practitioner of midwifery, or should no other person be in attendance upon births, the duty of making such return shall immediately thereafter fall upon the midwife, or practitioner of midwifery, in attendance upon the birth, and if neither midwife nor practitioner of midwifery be in attendance upon a birth, the duty of making such return shall devolve upon the parent, or parents, or, in case of their absence, upon the householder of the house where such birth occurs; and any person or persons who shall hereafter fail to make such return, as herein required, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 12 1896
4. Place of Birth, (Street and Number) 24 N. Central Ave.
5. Full Name of Mother, Maggie Fetschbeck
6. Mother's Maiden Name, Linnen
7. Mother's Birthplace, Germany
8. Full Name of Father, John Fetschbeck
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

1896 0 0 0 3 7 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the knowledge of the attendant, he shall immediately thereafter it shall become the duty of the person or persons of such attendance upon birth to the Commissioner of Health, in the manner and with the particulars required by this section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	August 12th 1896
4. Place of Birth, (Street and Number)	303 S Central Ave
5. Full Name of Mother,	Lizzie Koontze
6. Mother's Maiden Name,	Lizzie Kraft
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Emil Koontze
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs H Kerr Midwife
Address,	1922 E Fayette Street
Remarks,	

1896 003757

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practical midwife; or should no other person be in attendance upon the mother, immediately the child is born, it shall become the duty of the person or parents of such child to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required. And any such person or parents neglecting or refusing to make such report as aforesaid, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 12th 1896
4. Place of Birth, (Street and Number) 224 N Chapel Street
5. Full Name of Mother, Katharine Wagner
6. Mother's Maiden Name, Katharine Eckhardt
7. Mother's Birthplace, Germany
8. Full Name of Father, William Wagner
9. Father's Occupation Street Paver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs H Kern Midwife

Address, 1922 E Fayette Street

Remarks,

18960003758

Midwife without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the parent or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 12 Feb 1900
4. Place of Birth, (Street and Number) 1811 Saratoga St.
5. Full Name of Mother, Lucy Grupt
6. Mother's Maiden Name, Lucy Sheppes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Grupt
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary J Swayne

Address. 824 Lanvale

Remarks.

1 8 9 6 0 0 0 3 7 5 9

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health within the time and in the manner above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

attendance upon the mother, immediately thereafter ... in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

RETURN OF A BIRTH. 76355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Aug 14/96

4. *Place of Birth, (Street and Number)* 1624 Druid Hill Ave.

5. *Full Name of Mother,* Priscilla Bates

6. *Mother's Maiden Name,* Marriott

7. *Mother's Birthplace.* Balto

8. *Full Name of Father,* Chas B. Bates

9. *Father's Occupation.* Tailor

10. *Father's Birthplace,* New Haven Ct.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address, 1811 Madison Ave.

Remarks,

1896008037780

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 15th Aug 96
4. Place of Birth, (Street and Number) 1015 Riverside Ave
5. Full Name of Mother, Grace Henricks
6. Mother's Maiden Name, " Jones
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Silas Henricks
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Chas E Gewell

Address, 600 E. Fort Ave

Remarks,

B 9600003761

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 15 — 1896
4. Place of Birth, (Street and Number) 1016 Fawn St.
5. Full Name of Mother, Anna H. Braadehaus
6. Mother's Maiden Name, Volte
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard G. Bradehaus
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

1896003762

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, and within the period above specified. In case no attendance upon the mother, Commissioner of Health, comply with the provisions of this section shall be subject to a penalty not to exceed ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 16 1896
4. Place of Birth, (Street and Number) 419 S. Dallas St.
5. Full Name of Mother, Mary Allen Nicolson
6. Mother's Maiden Name, Cronnan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lenard Nicolson
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fall St.

Remarks,

B96U003763

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76359

GIVEN NAME ADDED - 6-22-66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME FLORA SCHUELER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th Aug 1

4. Place of Birth, (Street and Number) Balto Md 1255 William st

5. Full Name of Mother, Emma R Schueler

6. Mother's Maiden Name, Emma R Elliott

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Louis F Schueler

9. Father's Occupation Cigar Maker

10. Father's Birthplace, Balto and

Name of Medical Attendant, or other person who makes this Return, Mrs Winch

Address, 800 Leadenhall Street

Remarks,

A 960003764

Wm. J. C. Dulany Co., City Printers and Stationers.

Shall occur within the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and with the particulars above required, and such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 16 August 1896
4. Place of Birth, (Street and Number) 931 Keven St
5. Full Name of Mother, Ella Oakley Annie Oakley
6. Mother's Maiden Name, Annie Ella Hayes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Oakley
9. Father's Occupation Longshoreman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Munch

Address, 800 Leadenhall Street.

Remarks,

1896 0003765

Wm. J. C. Dulany Co., City Printers and Stationers.

Any day of each and every month to be duly set apart by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the mother herself shall, hereafter, within the period above required, and shall make report of its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, August 18th 1896
4. Place of Birth, (Street and Number) 554 W. Lanvale St
5. Full Name of Mother, Dorothea Caroline Müller
6. Mother's Maiden Name, Teres
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Michael Müller
9. Father's Occupation, Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Minch

Address, 800 Leadenhall Street

Remarks,

B96U003766

All cases without the attendance of a physician or practioner of midwifery, or should no other person be in attendance when the child is born, the parent or parents shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 18 August 1896
4. Place of Birth, (Street and Number) 274 N. Exeter St
5. Full Name of Mother, Leah Rota
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Russia
8. Full Name of Father, Elias Rota
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Wm R Willig

Address, 1302 E Lexington

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960003767

RETURN OF A BIRTH. 76363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 19th 1896.
4. Place of Birth, (Street and Number) 421 S. Fremont ave.
5. Full Name of Mother, Mary Ann McInney
6. Mother's Maiden Name, Mary Ann Baumiller
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John E. McInney
9. Father's Occupation Oyster Packer
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Henry Boyd

Address, 677 Columbia ave.

Remarks,

1 2 4 6 0 0 3 7 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d,

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 19th
4. Place of Birth, (Street and Number) Baltimore, 1306 N. Chester St.
5. Full Name of Mother, Lena Wilhelm
6. Mother's Maiden Name, " Biensmiller
7. Mother's Birthplace, Germany
8. Full Name of Father, Fredk. Wilhelm
9. Father's Occupation Coppersmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Rosina Biensmiller

Address, Balto., 1306 N. Chester St.

Remarks,

1896 U 0 7 6 9

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person occupying such position to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-22-60

RETURN OF A BIRTH.

76365

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Mary Estella Jones

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3rd, (&c.)~~

1. Sex (state whether ~~Male or Female~~) Female
2. Race or Color (if not of the white race)
3. Date of Birth August 20 1894
4. Place of Birth (Street and Number) 426 2 0 5th.
5. Full Name of Mother Lilie Jones
6. Mother's Maiden Name Lilie Ahler
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. A. Jones
9. Father's Occupation Music Teacher
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this return Wm Parker M D

Address 2108 Eutaw St

Remarks

5760003770

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 76366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 20. 1896
4. Place of Birth, (Street and Number) 111 S Stricker.
5. Full Name of Mother, Amelia Weller.
6. Mother's Maiden Name, Amelia Fischer.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George A Weller.
9. Father's Occupation Grocer Store.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs Minch

Address, 800 Leader Hall Street

Remarks,

B 2 6 0 0 0 3 7 7 1

shall settle without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) M Color
3. Date of Birth, 20th Aug
4. Place of Birth, (Street and Number) 2941 Hudson St
5. Full Name of Mother, Rose Allen
6. Mother's Maiden Name, Rose Edler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Isaac Allen
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary L Swazye

Address, 2211 Lemon St

Remarks,

1896H003772

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, who shall become the duty of the person or parent of such child to report its birth to the Commissioner, in the manner and within the period above required, and any such person or persons who shall fail or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, 21 of Aug
4. Place of Birth, (Street and Number) 111 Lusby St
5. Full Name of Mother, Laura Glass
6. Mother's Maiden Name, Laura Shastlore
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Glass
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary L. Swayne

Address, 821 Cantan St

Remarks,

16260037773

shall cover without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately before or after the birth, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of forty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period hereinbefore required, and any such person neglecting or refusing hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 of Aug. 1896
4. Place of Birth, (Street and Number) 3121 Eastern Ave
5. Full Name of Mother, Mary Raynor
6. Mother's Maiden Name, Mary Bruce
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Raynor
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary L Swayne

Address, 624 Canton St.

Remarks,

1896000003774

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 22 — 1896
4. Place of Birth, (Street and Number) 15 of Hulliston St.
5. Full Name of Mother, Maggie Kelly
6. Mother's Maiden Name, Tolz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Kelly
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Harry Stein

Address, 427 E. Eath St.

Remarks,

1 5 4 6 0 0 0 3 7 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a penalty of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 22 — 1896
4. Place of Birth, (Street and Number) 1236 Jackson St.
5. Full Name of Mother, Theresa Bartell
6. Mother's Maiden Name, Cuningham
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John B. Bartell
9. Father's Occupation Fireman
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address 427 E. Fayette St.

Remarks,

8760003776

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 23 1896
4. Place of Birth, (Street and Number) 1506 Canton Ave
5. Full Name of Mother, Kate Strohecker
6. Mother's Maiden Name, Schlote
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Strohecker
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks,

896U003777

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person as aforesaid be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-25-56

RETURN OF A BIRTH. 76373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Leona George

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 23 — 1896
4. Place of Birth, (Street and Number) 1314 Eastern Ave
5. Full Name of Mother, Kate George
6. Mother's Maiden Name, Schick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Herman George
9. Father's Occupation Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8760003778

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Registrar of Vital Statistics, in manner and within the time prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately hereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex,* (state whether male or female)	Male Child
2. *Race or Color.* (if not of the white race)	White
3. *Date of Birth,*	August 23d 1896
4. *Place of Birth,* (Street and Number)	1912 E Fayette Street
5. *Full Name of Mother,*	Amalie Schmidt
6. *Mother's Maiden Name,*	Amalie Meister
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Matthaeus Schmidt
9. *Father's Occupation,*	Harness Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs H Knorr, Midwife
Address,	1922 E Fayette Street
Remarks,	

18960003779

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth.	August 24th 1896
4. Place of Birth, (Street and Number)	1962 E Fayette St
5. Full Name of Mother,	Katherine Garner
6. Mother's Maiden Name.	Katharine Granger
7. Mother's Birthplace.	Baltimore
8. Full Name of Father.	John Garner
9. Father's Occupation	Moulder
10. Father's Birthplace.	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs H. Brown Midwife
Address.	1922 E Fayette Street
Remarks.	

1896000003780

attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 763.76.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 of Aug
4. Place of Birth, (Street and Number) 2413 Foster Ave
5. Full Name of Mother, Lottie Hollsman
6. Mother's Maiden Name, Lottie Bradford
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Hollsman
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Duryee

Address, 2414 Carlton Ave.

Remarks,

1 5 9 6 0 0 0 3 7 8 1

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Aug. 1 96
4. Place of Birth, (Street and Number) Maternity 115 W. Lombard St.
5. Full Name of Mother, Virginia Smith
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Va.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. C. Austin M.D.

Address, 115 W. Lombard St.

Remarks.

8960003782

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Black
3. Date of Birth,	Aug. 1st 96
4. Place of Birth, (Street and Number)	Walnuts 115 W. Lombard St.
5. Full Name of Mother,	Carrie Smith
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Md.
8. Full Name of Father,	
9. Father's Occupation	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M.D.
Address,	115 W. Lombard St.
Remarks,	

1896 0003783

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 8 96

4. Place of Birth, (Street and Number) Maternity 115 W. Lombard

5. Full Name of Mother, Anna Rucker

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Va.

8. Full Name of Father, —

9. Father's Occupation —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. C. Austin M.D

Address, 115 W. Lombard St.

Remarks, —

1896 0003784

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 4 '90
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Lombard St.
5. *Full Name of Mother,*	Mary Greer
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Pa.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	C. Austin M.D
Address.	115 W. Lombard St.
Remarks.	

attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above specified, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1896U003785

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 6. 1896
4. Place of Birth, (Street and Number) St Vincents Infant Asylum
5. Full Name of Mother, Bessie Burton
6. Mother's Maiden Name,
7. Mother's Birthplace, Penna
8. Full Name of Father, Not known
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. A. E. Bassi M. D.

Address, 805 N. Eutaw St.

Remarks,

8960003786

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 7 '96
4. Place of Birth, (Street and Number)	Maternity 115 W. Lombard St.
5. Full Name of Mother,	Lottie Smith
6. Mother's Maiden Name,	" "
7. Mother's Birthplace	Va.
8. Full Name of Father,	
9. Father's Occupation	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M.D.
Address,	115 W. Lombard St.
Remarks,	

8 4 6 U 0 0 3 7 8 7

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report it to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 11 96
4. Place of Birth, (Street and Number)	Maternity 115 W. Lombard St.
5. Full Name of Mother,	Mollie Jones
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	W. Va.
8. Full Name of Father,	
9. Father's Occupation	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	J. C. Austin M.D.
Address.	115 W. Lombard St.
Remarks.	

attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960003788

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 15 96
4. Place of Birth, (Street and Number)	Maternity 115 W. Lombard St.
5. Full Name of Mother,	Nannie Lanier
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Va.
8. Full Name of Father,	
9. Father's Occupation	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this return,	H C Austin M.D.
Address,	115 W. Lombard St.
Remarks,	

8960003789

attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter, to report in the manner and within the time required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 15. 1876
4. Place of Birth, (Street and Number) St. Vincents Inf. Asylum
5. Full Name of Mother, Mary Snyder
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father, Not Known
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. R. Le. Rasin M. D.

Address, 805 N. Eutaw St.

Remarks,

8 9 6 U 0 0 3 7 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Any neglect or omission of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become the duty of the person or parent, and attendance upon the mother, immediately after the birth of such child, it shall become the duty of the person or parent, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Aug. 17 '96
4. Place of Birth, (Street and Number) Maternity 115 W. Lombard
5. Full Name of Mother, Carrie Ennis
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace.
Name of Medical Attendant, or other person who makes this Return, E. A. Austin M.D.
Address, 115 W. Lombard St
Remarks,

8960003791

attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, Aug 10 96
4. Place of Birth, (Street and Number) Maternity 115 W. Lombard St
5. Full Name of Mother, Mandy Hutton
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. C. Austin M.D.

Address, 110 W. Lombard St.

Remarks,

B 9 6 0 0 0 3 7 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, hereafter, shall become the duty of the person or parents of such child, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten [10] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black,
3. *Date of Birth,*	Aug. 1896
4. *Place of Birth, (Street and Number)*	Maternity 115 W Lombard
5. *Full Name of Mother,*	Lizzie Bowie
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. Austin M.D.
Address,	115 W. Lombard St.
Remarks.	

8960003793

attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, and with the particulars which would have been required to be reported by the attendant, and in all other respects to comply with the provisions of this section. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Aug 20 '96

4. Place of Birth, (Street and Number) Maternity 115 W. Lombard

5. Full Name of Mother, Sarah Riley

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Va.

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. O. Austin M.D. 115 W. Lombard St.

Address,

Remarks,

8960003794

attendance upon the mother, immediately thereafter, a like return shall become the duty of the person or parents of such child, except in cases where the birth has occurred in the manner and within the period above recited, and all persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) B.

3. Date of Birth, Aug. 27 96

4. Place of Birth, (Street and Number) Maternity 115 W. Lombard St.

5. Full Name of Mother, Mary Kinwood

6. Mother's Maiden Name, "

7. Mother's Birthplace, Va

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. C. Austry M.D.

Address, 115 W. Lombard St

Remarks,

1 8 9 6 0 0 0 3 7 9 5

attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subject to the fine or fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 29. 1896

4. Place of Birth, (Street and Number) St. Vincents Infant Asylum

5. Full Name of Mother, Lottie May

6. Mother's Maiden Name, "

7. Mother's Birthplace, Va.

8. Full Name of Father, Not known

9. Father's Occupation

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, R. L. Dorsey M. D.

Address, 805 N. Poulaw Av.

Remarks,

8960003796

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	25th August 1896
4. Place of Birth, (Street and Number)	143 East Pratt Street
5. Full Name of Mother,	Mary A. Smith
6. Mother's Maiden Name,	Mary A. Forsight
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James H. Forsight
9. Father's Occupation	Oil Dealer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	1828 Light Street
Remarks,	Town Well.

1896 00 33797

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the limits of a city or town in which a physician or midwife, or should no other person, as in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 25th 1896
4. Place of Birth, (Street and Number) 53 Mount St. Waverly
5. Full Name of Mother, Grace Morrow
6. Mother's Maiden Name, Marshal
7. Mother's Birthplace, Virginia
8. Full Name of Father, Wm J. Morrow
9. Father's Occupation Electrician
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Francis A. Sauer M. D.

Address, 439 N. Central Avenue

Remarks,

1896 00037 98

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 August
4. Place of Birth, (Street and Number) 1135 Dutt st
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, Mrs. Winnot

Address, 800 Leadenhall Street.

Remarks,

1896 0003799

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall herein fail to comply with the provisions of this section shall be subject to the fine of Ten Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 76895

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, &c.) 3rd.

1. *Sex* (state whether ~~Male~~ or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 28. 90.
4. *Place of Birth* (Street and Number) 2104 Calvert St.
5. *Full Name of Mother* Carrie F. Ahrmann
6. *Mother's Maiden Name* Carrie F. Nickel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frederick Ahrmann
9. *Father's Occupation* Livery Stable Keeper
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this return Dr. Barker M.D.

Address 2107 Calvert St

Remarks —

8960003800

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-19-55

RETURN OF A BIRTH. 76396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Kathryn Louisa Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 August 1896
4. Place of Birth, (Street and Number) 213 N. Central ave
5. Full Name of Mother, Jessie Miller
6. Mother's Maiden Name, Hall
7. Mother's Birthplace, England
8. Full Name of Father, George Miller
9. Father's Occupation, Painter
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs R Ellig

Address, 1302 Edmondson Ave

Remarks,

shall occur without the attendance of a physician or practitioner of Medicine, or some other person in charge of such case, it shall become the duty of the person or parents of such child to report its birth to the Council hereafter fail to comply with the provisions of this section, he shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960003801

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 August
4. Place of Birth, (Street and Number) 309 Jr Central aver
5. Full Name of Mother, Mary Klitch
6. Mother's Maiden Name, Fanning
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Michael Klitch
9. Father's Occupation Machinist
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Illig

Address, 1802 E Lexington st

Remarks,

1896 0003802

shall occur without the attendance of a physician, it shall be the duty of the person or parents of such child, and the mother, immediately after the birth, to notify the Registrar of the district in which the birth occurred, and attendant or person in charge shall report its birth to the Board within the period above mentioned, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) ~~male~~
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 23/26
4. Place of Birth, (Street and Number) 821 E. Lexington
5. Full Name of Mother, Lizzie Silberger
6. Mother's Maiden Name, Lizzie Edelin
7. Mother's Birthplace, Balto
8. Full Name of Father, Adolphus Silberger
9. Father's Occupation Laborer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Thomas Austin

Address, 700 E Balto St

Remarks,

1 6 9 6 0 0 0 3 8 0 3

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother immediately thereafter, is in the manner and within the period above required, shall cause to report its birth to the Commissioner, every person who shall so offend, or shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 7th

1. Sex, (state whether male or female) ~~Fe~~ Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 25th August 1896

4. Place of Birth, (Street and Number) 758. W. Mulberry St. Balt. City

5. Full Name of Mother, Maggie Tracy ~~Maggie Fugman~~

6. Mother's Maiden Name, Baltimore City

7. Mother's Birthplace, Charles. Co. Tracy

8. Full Name of Father, Wood. Worker

9. Father's Occupation Baltimore City

10. Father's Birthplace, Mrs Hunter

Name of Medical Attendant, or other person who makes this Return, 22nd Pennsylvania St

Address,

Remarks,

1896000038804

Wm. J. C. Dulany Co., City Printers and Stationers.

Whoever shall neglect or refuse to comply with the duty of the person or parents of such child to report its birth as herein required, or shall knowingly make any false statement concerning any such birth or any of the particulars required to be reported in relation thereto, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Any midwife or other person who shall have attended at the birth of a child, and any householder in whose house a birth shall occur at which no medical attendance shall be present, shall report the same to the Commissioner of Health, in the manner and within the time prescribed in this section, and any such person who shall hereafter fail to comply with the requirements of this section shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 25th Aug 96

4. Place of Birth, (Street and Number) 1269 Battery Ave

5. Full Name of Mother, Maud Gary

6. Mother's Maiden Name, " Gilbert

7. Mother's Birthplace, Va

8. Full Name of Father, James Gary

9. Father's Occupation Clerk

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Chas E. Yewell

Address, 630 E. Fort Ave

Remarks.

B 9 6 0 0 0 3 8 0 5

shall occur without the attendance of a physician or midwife or in the absence of such, of whom no other proof is required, and shall refuse or neglect to report its birth to the Commissioner of Health, fully comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter

Wm. T. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 16401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 25th Aug 96
4. Place of Birth, (Street and Number) 425 Hoffage St
5. Full Name of Mother, Christina Kramer
6. Mother's Maiden Name, " Feller
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Joseph Kramer
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Chas E. Yewell

Address. 650 E. Fort Ave

Remarks.

8960003806

Wm. J. C. Dulany Co., City Printers and Stationers.

Every case of birth occurring in the practice of a physician or practioner of midwifery, or should no other person be in attendance with the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by law; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 of August 1896
4. Place of Birth, (Street and Number) 1640 Light Street
5. Full Name of Mother, Mary A. Boyle
6. Mother's Maiden Name, Mary A. Mary
7. Mother's Birthplace, Ireland
8. Full Name of Father, John M. Boyle
9. Father's Occupation Fireman
10. Father's Birthplace, Canada

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1628 Light Street

Remarks, Doing Well

13760093807

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Edwin Irvin ~~Firestone~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26th August 1896
4. Place of Birth, (Street and Number) 1256 Riverside Ave
5. Full Name of Mother, Lyla (~~Firestone~~) Feuerstein
6. Mother's Maiden Name, Lyla Taylor
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John L (~~Firestone~~) Feuerstein
9. Father's Occupation Guzman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1828 Light Street

Remarks, Living Well

1896 0003808

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the occurrence of such birth, it shall be the duty of the mother, within the period above required, and only such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 26/96
4. Place of Birth, (Street and Number) 742½ W. Saratoga St.
5. Full Name of Mother, Laura May Boker
6. Mother's Maiden Name, Brazier
7. Mother's Birthplace, Balto
8. Full Name of Father, Norville C. Boker
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 723 W. Lomb. St.

Remarks, Delivered with Forceps.

1896 00 3809

Wm J C. Dulany Co., City Printers and Stationers.

Attention: Upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, at the office next within the period above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-21-57

RETURN OF A BIRTH.

6405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henrietta Elizabeth Reuschling

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Five

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 of August 1896
4. Place of Birth, (Street and Number) Baltimore 619 Hanover
5. Full Name of Mother, Elizabeth Reuschling
6. Mother's Maiden Name, Elizabeth Tabaine
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Caspar Reuschling
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie

Address, 20 Leadenhall Street.

Remarks,

8960003810

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the Mother, immediately on the birth of such child, it shall become the duty of the person or parents of such child to report all the particulars required, and within the period above required, and in the manner and within the period above required, and in the manner prescribed by the Commissioner of Health, in the case of persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 27th 1896
4. Place of Birth, (Street and Number) 423 N. Central Ave
5. Full Name of Mother, Mamie A. Heidrich
6. Mother's Maiden Name, Wright
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Charles Heidrich
9. Father's Occupation Coachman
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer M.D.

Address, 439 N. Central Ave.

Remarks,

1896 00038 11

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child
Name Edgar Russell McDonnell
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, August 27th 1896
4. Place of Birth, (Street and Number) 821 Harlem Ave
5. Full Name of Mother, Mary L. (Milburne) McDonnell
6. Mother's Maiden Name, " " Ott
7. Mother's Birthplace, Balto City
8. Full Name of Father, Elija B. (Milburne) McDonnell
9. Father's Occupation Messenger
10. Father's Birthplace, Balto City Md

Name of Medical Attendant, or other person who makes this Return. R. J. H. Tall. M.D.
Address, 1224 Madison Ave

1890-003812

Remarks, being Engaged to attend this Case, get not getting There in time, She was delivered by Dr. N. F. Hill & I taken charge of the case on my arrival a few moments after delivery & not being able to see this Doctor since, Thinking he taken no note of the Case & make this report. R. J. H. Tall.

The 3rd day of Dec. 1896 Each and every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the physician or midwife, or other person in attendance upon the mother, immediately thereafter, it shall become the duty of such physician or midwife, or other person in attendance upon the mother, to make return of such birth within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27th August - 1896
4. Place of Birth, (Street and Number) 653 West Baltimore St
5. Full Name of Mother, Emma Cook
6. Mother's Maiden Name, Emma Endter
7. Mother's Birthplace, Cincinnati Ohio
8. Full Name of Father, William Cook
9. Father's Occupation Cutter
10. Father's Birthplace, New York City

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 22 E Appleton St

Remarks,

B 7 6 U 0 0 3 8 1 3

shall occur without the attendance of a physician or practitioner of midwifery, or there be no other person who shall undertake to report the birth, the father or mother of such child, if living in the house where the birth occurs, shall be required to report the birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 76

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third 76409
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	August 2nd 1896
4. Place of Birth (Street and Number),	410 West Hoffman St
5. Full Name of Mother,	Lilla Aymold Nolan
6. Mother's Maiden Name,	Lilla Aymold
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John T. Nolan
9. Father's Occupation,	Porter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Maude F. Shaw
Address,	Interne 410 W. Hoffman St
Remarks,	

the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above provided, and any person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ace Publishing Co., City Printers and Stationers

1896 0 0 0 3 8 1 4

GIVEN NAME ADDED 5-14-56

RETURN OF A BIRTH. 76410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Cameatia Shannon

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~ &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 27, 1896
4. Place of Birth, (Street and Number) 822 S. Charles St
5. Full Name of Mother, Mamie Shannon
6. Mother's Maiden Name, Mamie Keil
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Elmer Reed Shannon
9. Father's Occupation Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm Wünch

Address, 800 Leadenhall Street

Remarks,

1896 0 0 0 3 8 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate of the birth of each child born within the city limits during the preceding month, which certificate shall be signed by the attendant of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become the duty of the person occupying the house where such birth occurs to report such birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 August
4. *Place of Birth, (Street and Number)* 833 Lodenhall St
5. *Full Name of Mother,* Elizabeth Hampstein
6. *Mother's Maiden Name,* Elizabeth Hudson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Landman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Minnich

Address, 800 Lombard Street

Remarks,

8960038816

Wm. J. C. Dulany Co., City Printers and Stationers.

Any neglect without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the Mother immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every person who shall attend upon any birth shall, either immediately thereafter, it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female 1896
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th Aug. 1896
4. *Place of Birth, (Street and Number)* 644 W. Saratoga St
5. *Full Name of Mother,* Mrs Catherine B. Vannoy
6. *Mother's Maiden Name,* Miss Catherine Blount
7. *Mother's Birthplace,* Newbourne, N.C.
8. *Full Name of Father,* James Mitchell Vannoy
9. *Father's Occupation* Travelingman
10. *Father's Birthplace,* Shelby, N.C.

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 E. Pleasant St

Remarks,

8460003817

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* 28 of August 1896
4. *Place of Birth, (Street and Number)* 2335 E Fayette st
5. *Full Name of Mother,* Amelia H Smith
6. *Mother's Maiden Name,* Bretzy [illegible]
7. *Mother's Birthplace,* Delaware
8. *Full Name of Father,* Samuel F Smith
9. *Father's Occupation* Bay Capt
10. *Father's Birthplace,* Sommerset Co Md

Name of Medical Attendant, or other person who makes this Return. M. I. Davenport

Address, 2024 E Pratt st

Remarks, Mother [illegible] sick

1896000 3818

shall occur without the attendance of a physician or practitioner of [illegible] it shall be the duty of the person or parents of such attendance [illegible] the mother, immediately thereafter it shall become the duty of the person or parents of such child to report [illegible] birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child, to report the birth immediately thereafter. It shall become and within the period above required, and attendance upon birth to the Commissioner of Health, and to comply with the provisions of this section shall be guilty of a misdemeanor, and each person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 28th Aug 96
4. Place of Birth, (Street and Number) 6 West Lee St
5. Full Name of Mother, Cecilia Brown
6. Mother's Maiden Name, " McDonald
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Joseph Brown
9. Father's Occupation Musician
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs E. Yewell

Address. 650 E Fort Ave

Remarks,

1896 0003819

Wm. J. C. Dulany Co., City Printers and Stationers.

reg[illegible] of such birth, [illegible]
Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1286.]

RETURN OF A BIRTH. 76415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28th August 1896
4. *Place of Birth, (Street and Number)* 138 West Fort Ave.
5. *Full Name of Mother,* Maggie Carter
6. *Mother's Maiden Name,* Maggie Buxton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Alfred Carter
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1828 Light Street

Remarks, Doing Well.

18960003820

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 76416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28 August 1896
4. *Place of Birth, (Street and Number)*	1406 Battery Ave
5. *Full Name of Mother,*	Bertha Cuddy
6. *Mother's Maiden Name,*	Bertha Crow
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michael Francis Cuddy
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. J. Brooks
Address,	1828 Light Street
Remarks,	Living Well

1896 U 23821

Wm. J. C. Dulany Co., City Printers and Stationers.

[... 1236.]

register of [illegible] which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28. August 1896
4. *Place of Birth, (Street and Number)* 1743 Charles Street
5. *Full Name of Mother,* Katie Dailey
6. *Mother's Maiden Name,* Skatie Conway
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Dailey
9. *Father's Occupation* City Fireman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1828 Light Street

Remarks, Doing Well

1896003822

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 26 96.
4. *Place of Birth, (Street and Number)* 808 E Bruns St.
5. *Full Name of Mother,* Mary E. Ward.
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. E. Ward.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, J. N. Christian M. D.

Address,

Remarks,

18960003823

ments, &c., and the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the name conferred; (3) sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be required to make the return of such birth, then it shall be the duty of the person or persons in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 28 1896

4. Place of Birth, (Street and Number) 1420 Gough St.

5. Full Name of Mother, Caroline Motschiedler

6. Mother's Maiden Name, Beck

7. Mother's Birthplace, Germany

8. Full Name of Father, Daniel Motschiedler

9. Father's Occupation Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Pratt St.

Remarks,

1896000003824

month, and shall set forth as far as the same can be ascertained [illegible]
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 28 1896
4. Place of Birth, (Street and Number) 2335 E Fayette st
5. Full Name of Mother, Amelia H Smith
6. Mother's Maiden Name, Brinkley Rum
7. Mother's Birthplace, Delaware
8. Full Name of Father, Samuel A Smith
9. Father's Occupation Bay, Capt
10. Father's Birthplace, Somerset Co Md

Name of Medical Attendant, or other person who makes this Return. W A Davenport

Address, 2024 E Pratt st

Remarks, Baby Girl Mother Well

1896 U 23825

Items 1, 2 and 3 must be set forth as far as the same can be ascertained by the informant, and the name, sex, color, the full name and occupation of its parents, and the time and place of birth; and the month, and day of each year, and the year of the birth of each child born alive, shall be entered in the certificate between the first and next subsequent day of each month, by the midwife, or physician or practioner of midwifery, or should no other person be present at the birth, then by the parent or parents of such child, or the person in charge of the house in which such birth shall occur without the aid of a midwife, physician or practioner of midwifery, and shall be delivered, duly signed by the person making the same, within the period above required, and shall immediately thereafter, it shall become the duty of the person making the same to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall set forth as far as the same can be ascertained by the informant the name, sex, color, the full name and occupation of its parents, and the time and place of birth; and the month, and day of each year, and the year of the birth of each child born alive, shall be entered in the certificate between the first and next subsequent day of each month, by the midwife, or physician or practioner of midwifery, or should no other person be present at the birth, then by the parent or parents of such child, or the person in charge of the house in which such birth shall occur without the aid of a midwife, physician or practioner of midwifery, and shall be delivered, duly signed by the person making the same, within the period above required, and shall immediately thereafter, it shall become the duty of the person making the same to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 29 — 1896
4. Place of Birth, (Street and Number) 209 N. Bethel St.
5. Full Name of Mother, Mary Jackson
6. Mother's Maiden Name, Drake
7. Mother's Birthplace, Talbert Co Md
8. Full Name of Father, Henry Jackson
9. Father's Occupation Laborer
10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other person who took this Return, Mary Stein

Address 1427 E. Pratt St.

Remarks,

18960 03826

month, and shall set forth an far as the same can be ascertained, the name, the sex, color, the date and place of birth, and the full name, birthplace and occupation of its parents, the date and place of birth, and the name and residence of the physician or midwife present at the birth, if any such there be, and if not, then of the person who shall have given the first information of such birth; and shall sign the same. Every such certificate shall be duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 29 1896
4. Place of Birth, (Street and Number) 1431 E. Pratt St.
5. Full Name of Mother, Maggie Welzel
6. Mother's Maiden Name, Braun
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Welzel
9. Father's Occupation Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who made this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks.

8960 03827

month, and shall set forth as far as the same can be ascertained from the statements of the parents, the date and place of birth, and the name, if any conferred, of the child, the name, residence and occupation of the parents, the date and place of birth, and the sex, color, the full name and residence of the physician, midwife or other person in attendance at the birth, and such other information required by the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health, in the city of Baltimore. In case no other person be in attendance upon the mother, immediately after the birth of such child, it shall be the duty of the person or parents of such child, to report the birth as herein required. Any person or persons who shall hereafter fail to comply with the provisions of this section shall forfeit to the use of the City of Baltimore, for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

1236.]

RETURN OF A BIRTH. 76423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	29th August 1896
4. *Place of Birth, (Street and Number)*	1509 E. Clarkson Street
5. *Full Name of Mother,*	Mary Baker
6. *Mother's Maiden Name,*	Mary Brown
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Baker
9. *Father's Occupation*	Truckman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Chas E. Brookes
Address,	1828 Light Street
Remarks,	Young Well

8 7 6 U U 0 7 8 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 96424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) W
3. Date of Birth, August 29th 1896
4. Place of Birth, (Street and Number) 1203 Hare st
5. Full Name of Mother, Kate Nebrambrock
6. Mother's Maiden Name, Kate Seyfert
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Oscar Nebrambrock
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Anna Kubach Midwife

Address, 2838 Elliott st

Remarks,

I 8 7 6 U 0 0 3 8 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Midwife is required to register the full name and occupation of the parents, the date and place of birth of the child to which she has been in attendance, and the number of the certificate between the first and last cases of which she has been in attendance, and shall deliver, duly signed by the practitioner in charge of the case, the birth of any child which she shall attend, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, the parents or inmates of each house of each and every month to the office of the Commissioner of Health, or shall, on other requirements of such attendance upon the request of the Commissioner of Health. In the event of the failure of any midwife to comply with the provisions of this section shall be subject to the penalty hereafter fixed, or either of the parents of such child within the period above required, and person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76436 7643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 29th, 1896.
4. Place of Birth, (Street and Number) 246 Old York Road.
5. Full Name of Mother, Isabella Agnes Flaythart
6. Mother's Maiden Name, Welsh
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, William Henry Flaythart
9. Father's Occupation Motorman
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Walton Bolgiano M.D.

Address, 2020 N. Clarke St.

Remarks,

1896000383 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Be it enacted, that the sex, color, the full name and occupation, of the parents, the date and place of birth of every child born within the limits of Baltimore City, after the first day of January, Eighteen Hundred and Ninety-one, shall be recorded in the Office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no certificate of such attendance upon the birth to the Commissioner of Health, as herein required, be delivered, duly signed by the physician or midwifery, or should no certificate of such attendance upon the birth to the Commissioner of Health, as herein required, be delivered, duly signed by the physician or midwife in attendance, then it shall become the duty of the parents of such child, immediately thereafter, if able, to report the same and the particulars of such birth to the Commissioner of Health, and within the period above required, and until such report is made, every such parent shall be deemed guilty of a misdemeanor, and on conviction thereof shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 August 1896
4. Place of Birth, (Street and Number) 134 Asquith St
5. Full Name of Mother, Mattie V. Cravens
6. Mother's Maiden Name, Wilson
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Harry M. Cravens
9. Father's Occupation Mattress Maker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. R. Mills

Address. 1302 E Lexington St

Remarks.

month, and shall set down in the full name and occupation of its parents, the date [illegible] certificate between the first and been conferred), its sex, and the name and residence of the physician or midwife, if any, present at the birth, and if none, then of the father or mother or other person living in the house at the time of birth, or if out of a house, then of the nearest householder, which certificate shall be signed by the practitioner in the form of affidavit above required, duly sworn to before the Registrar or one of his deputies. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be named as above required, it shall become the duty of the person occupying the house in which such birth shall occur, within the time above specified, to report the particulars of such birth as above required, and attendance upon the neglect, refusal or failure of any person to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896 0003831

RETURN OF A BIRTH. 76427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 29th 1896
4. *Place of Birth, (Street and Number)*	1105 Bowers Ct
5. *Full Name of Mother,*	Mamie Milligan
6. *Mother's Maiden Name,*	" White
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas C Milligan
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leo R Mahaney
Address,	1105 Columbia ave
Remarks,	

1896 U. D 3832

Health. This schedule shall contain as near as may be practicable the full name of each child, as may soon as possible after birth, and shall set forth as far as the same can be ascertained the full name of each parent, the date and place of birth; and the full name and occupation of its father, and of the certificate between the first and said city, and shall be delivered, duly signed by the practitioner, or other person in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the parents or parent of such child fail to report the same as herein required, it shall become the duty of the owner or agent of the house or tenement in which such birth occurs, within the period above required, and every month to the office of the Commissioner of Health, in the manner and with the particulars above required, a return of every birth occurring in such house or tenement, and which shall not have been reported as herein required. And any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 30th 1896
4. Place of Birth, (Street and Number) No 1438 Bland Street
5. Full Name of Mother, Louisa Griffin
6. Mother's Maiden Name, Louisa Belinsky
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Griffin
9. Father's Occupation Steamstir
10. Father's Birthplace, Easton Shore Maryland

Name of Medical Attendant, or other person who makes this Return, Mary Ann Anason

Address, No 53 Walnut Alley East Fayette Md

Remarks, Mary

8960003833

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained, the full name of each child born alive ... been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first ... shall cease within the city limits, or the midwife or nurse in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... each person who shall neglect or fail to comply with the provisions of this section shall be subjected to the case of the first offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 30th 1899
4. *Place of Birth, (Street and Number)* 819 Vine St
5. *Full Name of Mother,* Emma J Rue Brown
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John Rue
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Wm Hartwig

Address, Grant & Mulberry Sts

Remarks,

+ 8 9 6 0 0 0 3 8 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

tions, as far as the same relate to the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child, within ten days after the occurrence of such birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. to be recovered as other fines and forfeitures are recoverable.

(1236.)

RETURN OF A BIRTH. 76430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Penalty.—$10. Any midwife or other person required by law to report the birth of a child, who shall neglect or refuse to report the same as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, or the midwife, at the office of the Commissioner of Health, within the first ten days after the birth of such child, and every midwife who shall neglect to report the birth of a child within the first ten days after the birth of such child, or who shall neglect to deliver the said schedule duly signed as aforesaid, shall forfeit and pay for each offence the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white race
3. Date of Birth, 30. of august 1871
4. Place of Birth, (Street and Number) 401 Saratoga
5. Full Name of Mother, Julia Fleming
6. Mother's Maiden Name, Julia Flannigan
7. Mother's Birthplace, Princeton N-Jersy
8. Full Name of Father, John Fleming
9. Father's Occupation Moulder
10. Father's Birthplace, Donaldson Schuylkill County Pa

Name of Medical Attendant, or other person who makes this Return, Elizi Brooks

Address, 828 Light Street

Remarks, Living Well

1896 03835

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 76431

To the Office of Registrar of Vital Statistics, Bard of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 30 1896
4. *Place of Birth, (Street and Number)*	413 W Lexington
5. *Full Name of Mother,*	Mary E Connolly
6. *Mother's Maiden Name,*	Mary E Conroy
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph W Connolly
9. *Father's Occupation*	Saloon
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
Address,	23 N Payson St
Remarks,	

1896 00 1836

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 28
4. *Place of Birth, (Street and Number)* 104 West Pratt St
5. *Full Name of Mother,* Mary Hensel
6. *Mother's Maiden Name,* Mary Forderer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Hensel
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm Wünch

Address, 800 Leadenhall Street.

Remarks.

1846000536037

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month; and shall set forth as far as the same can be ascertained, the name of its parents, the date and place of birth, and the name conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month; and shall be delivered, duly filled, at the office of the Commissioner of Health. Should no other person be in said schedule shall be delivered, duly filled, at the office of the Commissioner of Health. Should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above recited, and all other persons shall be severally liable to the penalty above mentioned. Any physician or practitioner of medicine who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can [illegible] of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Eleonora Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 30th 1896.
4. *Place of Birth, (Street and Number)* 624 Durham St.
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* Mary Abel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Smith.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs M. E. Paegy.

Address, 2225 Bank St.

Remarks,

1896008583

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 16434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 31st 96
4. Place of Birth, (Street and Number) 939 N. Lombard St.
5. Full Name of Mother, Florence E. Jordan
6. Mother's Maiden Name, Arnold
7. Mother's Birthplace, Balto
8. Full Name of Father, Howard B. Jordan
9. Father's Occupation, Candymaker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, H. W. Webner M.D.

Address, 723 W. Lond St.

Remarks, Natural Labor.

1896 00 03839

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 31 1896
4. Place of Birth, (Street and Number) 306 N. Green St
5. Full Name of Mother, Agnes V Woodall —
6. Mother's Maiden Name, White
7. Mother's Birthplace, Annapolis Md
8. Full Name of Father, Wm J. Woodall
9. Father's Occupation Painter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, W. A. Hawkins

Address, Green & Mulberry St

Remarks.

1896 0 0 0 3840

month, the Act of 1894, Chapter 340, requires the name and occupation of the parents, the date and place of birth, and the full maiden name of the mother, with the name and residence of the physician or midwife present at the birth of any child born in the City of Baltimore, to be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the form of a certificate between the 1st and 5th days of each month, of all births which have occurred during the preceding month, and for which no certificate has been conferred; this certificate shall be signed by the Physician, Commissioner of Health, midwife or other person in charge of each case, and in the absence of all of the above, by the householder or owner of the premises where the birth occurred, and no other person; he is said schedule shall be delivered at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, on the third day of each month, and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, on the third day of each month, and every month thereafter; it shall become the duty of the person or parents of such child or children, or in the absence of such parent or parents, the householder or owner of the premises where such child or children were born, to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, all births occurring without the attendance of a physician or practioner of midwifery, within the period above named, and in default of such report being made by the person or parents of such child or children, or householder or owner of the premises where such child or children were born, as aforesaid, the Registrar of Vital Statistics, Board of Health, Baltimore City, shall be authorized to call upon the mother of such child or children, or the person in charge of the premises where such child or children were born, as aforesaid, to comply with the provisions of this section, and to report the births of such child or children, and any such person who shall hereafter refuse, to be recovered as other fines and forfeitures are recoverable. Jected to the fine of ten (10) dollars for each offense.

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 76436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug 31. 96

4. *Place of Birth, (Street and Number)* 933 W Lombard st

5. *Full Name of Mother,* Anna Schenck

6. *Mother's Maiden Name,* Rose Pierson

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Schenck

9. *Father's Occupation* Fireman

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Surgeon Hunter

Address, 23rd Regiment

Remarks,

1 6 7 6 U U 0 3 8 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health.—It shall be the duty of the attending physician or midwife, or in case there be no physician or midwife in attendance, then the father or mother of such child, or the householder or owner of the premises where such birth occurs, to report to the Commissioner of Health, within ten days after the birth, all the facts set forth in this schedule which can be ascertained; the full name of each child (if any shall have been given it) and the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and the number now living; in case of stillbirth, the date of death, and the cause thereof. It shall be the duty of the physician or midwife in attendance upon the mother, or a person acting in such capacity, to deliver to the father or mother of such child a birth schedule, duly signed by the practitioner in charge of the case, before leaving the house. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, or a person acting in such capacity, the father or mother of such child shall cause a birth schedule to be delivered, duly signed by the person or parent reporting, to the Commissioner of Health, within ten days after the birth, all the facts required to be reported in relation thereto. It shall become the duty of the person or parents reporting any such birth to the Commissioner of Health, to comply with the provisions of this section within the time specified in the preceding section, and for each and every month in the omission or neglect of such duty, such person or parents shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 2nd 96.
4. Place of Birth, (Street and Number) 1804 - 9th. Annex
5. Full Name of Mother, Adella M. Lipp
6. Mother's Maiden Name, Adella M. Coppage.
7. Mother's Birthplace, Queen Anne's Co. Md.
8. Full Name of Father, Charles A. Lipp
9. Father's Occupation Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M.D.

Address, 1019 N. Caroline Str.

Remarks,

1896 U 003842

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth in full the name and general occupation of its parents. The date and place of birth and such other information as may be required by the practitioner in charge, or by the Commissioner of Health. In case no other person be in attendance, the mother herself shall make such return. It shall be the duty of the person or parents of such child to present a certificate of such birth to the office of the Coroner of Baltimore City, and it shall be the duty of the Coroner or Registrar to issue a certificate of such birth, free of charge, to the person or parents of such child. Any person who shall become liable to make return of a birth as aforesaid, and who shall neglect or refuse to make such return within the period above required, shall be liable to a penalty of not less than one dollar nor more than five dollars for each offence. Any midwife who shall attend upon the mother, immediately after the birth of a child, and who shall neglect or refuse to make return of such birth to the Coroner or Registrar of Health, in the manner and within the time required by this section, and who shall fail to comply with the provisions of this section in all other respects, shall be liable to a penalty of not less than one dollar nor more than five dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d (Louis Smith Jr.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 7th of August 1896
4. Place of Birth, (Street and Number) 802 W Baltimore st Balto md
5. Full Name of Mother, Annie W Hubbelmeannie Smith
6. Mother's Maiden Name, Annie W Hubbelmeannie Bonisch
7. Mother's Birthplace, Vom Vienna Austria
8. Full Name of Father, Louis Smith
9. Father's Occupation Barber
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs W Hubbelmeannie Bonisch

Address, 802 W Baltimore st Baltimore Md

Remarks,

8960 03843

Wm. J. C. Dulany Co., City Printers and Stationers

...month, and shall set forth as far as the same can be ascertained, the full name, sex and color, the usual place of abode, and the occupation of its parents, the time and place of birth; and the name, sex, color, the full name and residence of the physician or the midwife in attendance at the birth, and the certificate shall be delivered, duly signed by the physician or midwife, or should no other person be in attendance, then by the father or mother of such child, to the office of the Commissioner of Health, in the manner and within the time above required, and no undertaker or other person shall bury or remove the body of any child for which a certificate is required, and which shall become the duty of the physician or midwife in attendance, or the father or mother, to procure, as aforesaid, before the same shall be buried or removed from the house or place where the birth occurred, and in case the birth occurs without the presence of any person above mentioned, then the certificate shall be obtained by the undertaker or other person who shall be employed to bury the body or remove the same, and any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 12 - 96
4. *Place of Birth, (Street and Number)*	1036 Ridgely St.
5. *Full Name of Mother,*	Mary Smith Albrecht
6. *Mother's Maiden Name,*	Kalin
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Samuel Smith
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Scotland
Name of Medical Attendant, or other person who makes this Return,	C. L. Bonaventure Lohr
Address,	414 S. Paca St.
Remarks.	

8960093844

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monthly, after) its sex, color, the full name and occupation of the parents, the date and place of birth, and the name and residence of the physician or midwife in attendance, if any. The certificate shall be given on the first and third Tuesday of each and every month, and within the period last aforesaid no other person be entitled to receive any fee for the registration of the birth of any child born within the city of Baltimore, unless the certificate of such birth shall have been delivered, with the affidavit required by law, to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately after the birth, the midwife or person who shall assist at the birth shall deliver, or cause to be delivered, to the office of the Commissioner of Health, in the city of Baltimore, within the period last aforesaid, a certificate of such birth, with the affidavit required by law, to the office of the Commissioner of Health. In the case of the absence from the city of the midwife or person who shall assist at the birth, or of the person or parents in whose house the birth shall occur without the attendance of a physician or midwife, it shall become and shall be the duty of each and every householder in whose house such birth shall occur without the attendance of a physician or midwife, and within the period last aforesaid, to report the birth to the Commissioner of Health, in the city of Baltimore, with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

230.]

GIVEN NAME ADDED 11-25-52 76440

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Baker~~ First

1. Sex, (state whether male or female) Emily Gladys ~~Baker~~ Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 13th 1896
4. Place of Birth, (Street and Number) 653 N. Fremont Ave
5. Full Name of Mother, Bertha Florence Baker
6. Mother's Maiden Name, Bertha Florence Bowles
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edwin Floyd Baker
9. Father's Occupation Teaming Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. W. H. Rawlins Jun

Address, 1126 Druid Ave

Remarks,

8960-0-23845

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex.* (~~state whether male or~~ female)
2. *Race or Color.* (~~if not of the~~ white race)
3. *Date of Birth.* Aug 5 1926
4. *Place of Birth,* (Street and Number) 1223 Hanford Ave
5. *Full Name of Mother,* Amelia Gower
6. *Mother's Maiden Name.* Becker
7. *Mother's Birthplace.* Germany
8. *Full Name of Father,* Harry Gower
9. *Father's Occupation* Stoker Boss
10. *Father's Birthplace,* Mininger Saxony

Name of Medical Attendant, or other person who makes this Return. [illegible] M.D.

Address, 1207 N Broadway

Remarks,

8 4 6 0 0 0 3 8 4 5

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Health. This schedule shall contain a [illegible] the full name of each child, (if any [illegible] have
month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the first and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color. (if not of the white race)* White
3. *Date of Birth,* August 16th 96.
4. *Place of Birth. (Street and Number)* 428 Calvin Ave.
5. *Full Name of Mother,* Elizabeth Harvey
6. *Mother's Maiden Name,* E. Hroschky
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Harry C. Harvey
9. *Father's Occupation* Car Conductor
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M.D.

Address, 1019 N. Caroline str.

Remarks,

1 8 9 6 0 0 0 3 8 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 17th 96.
4. Place of Birth, (Street and Number) 928 N. Collington Ave.
5. Full Name of Mother, Elizabeth Lauterbach
6. Mother's Maiden Name, E. Luft
7. Mother's Birthplace, Germany
8. Full Name of Father, George Lauterbach
9. Father's Occupation Baker & Storekeeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. H. A. Meyer M.D.

Address, 1019 N. Caroline str.

Remarks.

1896 U 003848

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register of births shall contain a list of the births which have occurred in each district, (if any shall have been reported as having occurred in such district during the preceding month,) and the Board of Health shall cause the same to be printed, and a copy thereof to be delivered to the Registrar of each district on or before the first day of each and every month. Every physician or practitioner in the city of Baltimore who shall have attended upon the mother, immediately preceding the birth of any child born in said city, shall, within ten days after the birth of such child, report the same to the Registrar of the district in which such birth occurred, in the manner and within the period above required, and shall deliver, duly signed, to the person who shall be authorized to register the birth, a certificate containing all the facts required to be registered concerning such birth, as far as the same can be ascertained by him; and the Board of Health shall cause to be printed blank forms for such certificates, and shall furnish the same to such physicians or practitioners on application therefor. In case there is no such physician or practitioner in attendance upon the mother, the certificate required by this section shall be made by the person who shall have charge of the house in which the birth occurs, or by the mother, if able, within ten days after the birth of such child; and the Registrar shall cause to be printed blank forms for such certificates, and shall furnish the same to such person or persons who shall apply therefor. Any physician or practitioner who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White & Irish
3. Date of Birth, August 9 - 1896
4. Place of Birth, (Street and Number) 11 N Elizabeth Lane
5. Full Name of Mother, Ellen Murphy
6. Mother's Maiden Name, Ellen Kelly
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm J Murphy
9. Father's Occupation, Driver
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Theodore Lankford

Address, 518 Stevens

Remarks,

8960007849

GEO. J. COLAHAN & CO., CITY PRINTERS AND STATIONERS.

Every midwife or person other than a physician or surgeon who shall attend upon any birth, shall, within ten days after the birth, make a return thereof to the Commissioner of Health, which return shall be signed by the midwife or person making the same, and shall set forth as far as the same can be ascertained from the parents, the date and place of birth, and the full name and occupation of the parents, the sex, color and place of birth of any child born, and the full name and residence of the physician or midwife, if any, present at the birth, and such other information as may be required by the Commissioner in the form of a certificate he with of any child been conferred; and where no physician or midwife was present at the birth, or should no other person be in attendance, the return shall be made by the father or mother of such child, if able to do so, within ten days after the birth, and in default thereof, by the householder or owner of the house in which such birth shall occur, within ten days after the birth, and by the inmate occupying such house, if any, in which such birth shall occur without the attendance immediately thereafter, in like manner and within the period above specified, of any person other than the father or mother. Any person who shall fail to comply with the provisions of this section shall be subject to a fine of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 living

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 21 1896

4. Place of Birth, (Street and Number) 236 Fremont Ave city

5. Full Name of Mother, Lucy Ann Devine

6. Mother's Maiden Name, Bennett

7. Mother's Birthplace, at Carroll County

8. Full Name of Father, James F Devine

9. Father's Occupation Blacksmith

10. Father's Birthplace, Baltimore co Md

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E King 575 Lanvale st City

Remarks,

1896003850

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, and the time and place of birth, and the name of the physician or midwife in attendance upon the birth, if any such there be, between the first and tenth days of each and every month to the Commissioner of Health, or should no other person so required, and within the time aforesaid, make such return, in the manner and within the time prescribed, then the physician or midwife in attendance upon the birth shall be required to comply with the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 2 1896
4. Place of Birth, (Street and Number) 239 Edgewood ave
5. Full Name of Mother, Clara B Phillips
6. Mother's Maiden Name, Clara Baltimore
7. Mother's Birthplace, Texas
8. Full Name of Father, Thomas J Phillips
9. Father's Occupation Street Sprinkler
10. Father's Birthplace, Cabell county

Name of Medical Attendant or other person who makes this Return

Address, Martha E Kinsey 545 Richard Hampden city

Remarks,

1896000003851

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, (if not white) and the number of the child of the mother (whether first, second, third or other child) born alive. Only signed by the practitioner in charge of the case. To cause the birth of any child said schedule shall be delivered every month to the office of the Registrar of Vital Statistics, or should no other person as shall have charge of such schedule, or the midwife or other person who shall have attended the mother at the birth of such child to report its birth, and within the period above required, and attendance upon the mother, in the manner and with the particulars required by the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 21st 96.
4. Place of Birth, (Street and Number) 1026 E. Madison str.
5. Full Name of Mother, Mary Quigley
6. Mother's Maiden Name, M. Jung
7. Mother's Birthplace. Md.
8. Full Name of Father, John Emory Quigley
9. Father's Occupation Storekeeper
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this return. Dr. H. A. Meyer M. D.

Address, 1019 N. Caroline str.

Remarks.

1896003852

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RETURN OF A BIRTH 76448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 12th 1896
4. Place of Birth, (Street and Number) 900 Eutaw
5. Full Name of Mother, Mary Lammerich
6. Mother's Maiden Name, Mary Fabian
7. Mother's Birthplace, Md
8. Full Name of Father, Henry Lammerich
9. Father's Occupation, Clerk
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. J. Bollinger Md

Address,

Remarks,

1846090385 3

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month, and shall set forth as the same can be ascertained the full name of each parent, the color, the age, the birthplace, the residence, and the occupation of the parents, the number of children born to the mother, the number of children of the mother living, the number of children of the mother dead, the full name and occupation of the physician, midwife or other person in attendance upon the birth, the date of birth, the street and number of the house where the birth occurred, and the date of the certificate of birth; and the certificate shall be delivered, duly signed by the physician or midwife in attendance upon the birth, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the certificate shall be delivered, duly signed by the parent or parents of such child, to the Commissioner of Health, immediately thereafter. It shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, within ten days after the occurrence thereof. It shall become the duty of the person or persons who shall have charge of any child born without the limits of the city of Baltimore, but which shall be brought into the city within one year after its birth, to report the birth to the Commissioner of Health, within ten days after such child shall be brought into the city. Any person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro + American
3. Date of Birth, Aug 23 189-
4. Place of Birth, (Street and Number) ~~Same Lot~~ 828 Hanford
5. Full Name of Mother, Jennie Locke
6. Mother's Maiden Name, Jennie Bennett
7. Mother's Birthplace, Balto
8. Full Name of Father, Edw N Locke
9. Father's Occupation, Boss Driver
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dr Hayes

Address, 57 Hanover St

Remarks,

8960003854

Birth.—It shall be the duty of the parent of every child born in this city, to cause the birth of such child to be registered, and to report to the Commissioner of Health, in the manner and within the period of time prescribed by this section, the date and place of birth; and the name, if any, sex, color, the full name and occupation of its parents, the date and place of birth of each parent, and such other information as may be required by the Commissioner of Health in the form of a certificate to be furnished by the office of the Commissioner of Health, in order to secure the birth of any child correctly in its records. And it shall be the duty of the physician or midwife in attendance upon the mother, immediately thereafter, to report the birth of such child to the Commissioner of Health, in the manner and within the period of time prescribed by this section; and if neither of the persons above mentioned shall report its birth to the Commissioner of Health, in the manner and within the period of time prescribed by this section, or if any such person or persons so required shall neglect or refuse to comply with the provisions of this section, he, she or they shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 1-24-53

RETURN OF A BIRTH. 76450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) James Briscoe — Owens 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, aug 24 - 1896
4. Place of Birth, (Street and Number) 329 W. Lombard St.
5. Full Name of Mother, Minnie Owens
6. Mother's Maiden Name,
7. Mother's Birthplace, Frederick Md.
8. Full Name of Father, James A. Owens
9. Father's Occupation Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, John Briscoe M. D.

Address, 218 W. Madison St.

Remarks,

184000038555

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 / 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25th of Aug

4. Place of Birth, (Street and Number) 516 Fawn Street Balto City

5. Full Name of Mother, Kate ~~Fulton~~ Hollinger

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Balto City

8. Full Name of Father, Charles Bundy

9. Father's Occupation, Painter

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Morgan Kinkel

Address, 2 Fusby Pl

Remarks,

8466003856

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...been conferred) its sex, color, the full name and occupation of each parent, the date and place of birth of any child ...said schedule shall be delivered, duly signed by the Physician, Midwife or Nurse in attendance, to the Commissioner of Health. In case no other person be in ...third day of each and every month to the office or direction of midwifery, of the person or parents of such ...shall occur without the attendance of a Physician, Midwife or Nurse, the owner or occupier of the house where such birth shall occur ...attendance upon the mother, to report to the Commissioner of Health, in writing, within the period above specified, the name and ...child to report to the Commissioner of Health, in writing, within the period above specified, the name and residence of the mother, ...any such person who shall hereafter offend, to be recovered as other fines and forfeitures are recoverable.

...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	August 27-96
4. *Place of Birth, (Street and Number)*	1016 Edmondson Ave
5. *Full Name of Mother,*	Emma L Roche
6. *Mother's Maiden Name,*	" " Broadbent
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	R. B. Roche
9. *Father's Occupation*	Signor merchant
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	J. M. Hundley
Address,	1007 E. Ave
Remarks,	

8960003857

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month, and shall set forth as to the same (1) the name, (2) the sex, (3) the color, if not white, (4) the date and place of birth, and the name, residence and occupation of the parents, in the form of a certificate between the first and the fifth day of each month, and every month to the office of the Commissioner of Health. In case no other person be in said schedule shall be evidence of the neglect of the physician or practitioner of midwifery, of the person or parents of such child, or of the person in charge of the house in which such birth occurs, to make the return required by this section, and shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable by suit before any justice of the peace.

286.]

RETURN OF A BIRTH. 76453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Friday – August 28th
4. *Place of Birth, (Street and Number)* #712 Edmondson Ave
5. *Full Name of Mother,* Catherine Agnes Buchheister
6. *Mother's Maiden Name,* " " Kelly
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George Joseph Buchheister
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, J. McCausland M.D.

Address, 1126 Bruns

Remarks,

8960038588

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month and shall set forth as far as the same can be ascertained the full name and place of birth and the name, color, the full name and occupation of the parents, the date and place of their marriage (if married) its sex, color, the full name and occupation of the person or certificate between the first and said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child third day of each and every month (or the physician or practitioner of midwifery, or should no other person be in shall occur without the knowledge of the parents or either of them, then the duty of the person or persons of such attendance) immediately thereafter it shall become the duty of the person or persons of each child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section. Any such person or persons who shall neglect, refuse or omit to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 28 - 96
4. Place of Birth, (Street and Number) 1338 N. Fulton ave
5. Full Name of Mother, Georgeanna Payte Dandridge
6. Mother's Maiden Name, Humphrey
7. Mother's Birthplace, City
8. Full Name of Father, Geo. Thos. Dandridge
9. Father's Occupation, Engineer B&O RR
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. P. B. Baltin MD

Address, 1625 Linden ave

Remarks,

8960003859

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month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter prescribed, to the person who shall duly register the birth of every child to whose birth he has been in attendance upon the mother, immediately thereafter. If a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 2 1926
4. Place of Birth, (Street and Number) 1611 Barclay St
5. Full Name of Mother, Bertha Stokes
6. Mother's Maiden Name, Chicuso
7. Mother's Birthplace, Virginia
8. Full Name of Father, Nathaniel C. Stokes
9. Father's Occupation, Laborer Waiter
10. Father's Birthplace, Penna

Name of Medical Attendant, or other person who makes this Return, W B Peters MD

Address,

Remarks,

8960003860

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month, after such birth, the full name, sex, color, the full names and present occupation of its parents, the date and place of birth and such other particulars as may be required by the prescribed form of certificate, which certificate shall have been supplied by the office of the Commissioner of Health, to the person required to make such report. In case the birth of any child shall occur without the presence of a physician or midwife, or should no other person be required, and shall occur within the mother, immediately it shall become the duty of the person above required, and attend to report its birth to the Commissioner of Health, in the manner and within the time specified. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered with other fines and forfeitures are recoverable by such person or persons who shall have been appointed to collect the same, and who shall be rejected to the fine of ten dollars for each offense, to be recovered with other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female — Helene Katharina Schlag
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 26
4. Place of Birth, (Street and Number) 826 E Eager St
5. Full Name of Mother, Helene Schlag
6. Mother's Maiden Name, Ruehl
7. Mother's Birthplace, Germany
8. Full Name of Father, Adolph W Julius Schlag
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, W K Kerr MD
826 E Eager St

Address,

Remarks, See document file Reg. No. A 40592. U.S. Mar. Reg. May 3-1939.

1 8 9 6 U 0 0 3 8 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall wilfully refuse or neglect for the space of ten days after the birth of any child, to report such birth in the form of a certificate between the first and second schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the knowledge of the parents, or in case the parents shall be in default, the certificate of a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner, or fail to comply with the provisions of this section shall be, any such person or persons who shall so refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 29th 1896
4. Place of Birth, (Street and Number) 1043 Riverside Ave
5. Full Name of Mother, Annie McStein
6. Mother's Maiden Name, Annie Shaw
7. Mother's Birthplace, Scotland Pa
8. Full Name of Father, Theodore McStein
9. Father's Occupation Yard Master B&OR R
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return, A F Phillips

Address, 753 W Lexington St

Remarks,

1896 00 03862

month, and shall set forth (so far as the same can be ascertained) the name, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said duplicate certificate shall be delivered to the Commissioner of Health, in case the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child, residing over the premises where the birth occurred, to report the same as herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 29th 1896
4. Place of Birth, (Street and Number) 528 Pine St.
5. Full Name of Mother, Maria Francis
6. Mother's Maiden Name, Maria Miller
7. Mother's Birthplace, Lancaster Pa
8. Full Name of Father, Wm H. Francis
9. Father's Occupation Waiter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Druid Hill Ave

Remarks,

1896000038 63

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, August 29 - 96
4. Place of Birth, (Street and Number) 415 Lower Lt
5. Full Name of Mother, Sophie Truett
6. Mother's Maiden Name, Sophie Hardman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jame Truett
9. Father's Occupation Writer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 9 N Leadenhall St

Remarks,

8960803864

Wm. J. C. Dulany Co., City Printers and Stationers.

month is up. It will be your duty to enter the full name and occupation of its parents, the date and place of birth of each child born alive, and the sex, color and number of births (whether first, second, third, &c.) of each child, as far as you have been conferred. All such returns must be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case there is no physician or midwife in attendance, the father or mother of such child, or, if neither of these be living, the householder or agent in whose house the birth occurs, or if such house be unoccupied, then the nearest relative present, or the person having charge of the mother, or if she should no other person be in attendance upon the mother, immediately after the birth of any child, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy White
2. Race or Color, (if not of the white race)
3. Date of Birth, July 30 1892
4. Place of Birth, (Street and Number) 211 S Eden St
5. Full Name of Mother, Annie Berliman
6. Mother's Maiden Name, Solomons
7. Mother's Birthplace, Russia
8. Full Name of Father, Israel Berliman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Wm. J. Tilman

Address,

Remarks,

16 6 6 0 0 9 3 8 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 4 enacts, That the duty hereby imposed upon the practitioner in the form of a certificate between the days of each and every physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health. In case the father or mother shall not be present at the birth, then such report shall be made by such other person having knowledge of the facts as the Commissioner of Health may direct. Sec. 5 enacts, That any person who shall wilfully neglect or refuse to make the report required by this section, or who shall wilfully report as true any matter pertaining to such birth which is false, shall for each offence be liable to a penalty of not less than five dollars nor more than fifty dollars, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 9-24-51

RETURN OF A BIRTH. 76461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Frederick George Walker

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, Anna [illegible] Ruehl
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible], Friedrich &
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

B 9 6 0 0 0 3 8 6 6

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-14-57

RETURN OF A BIRTH. 76462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Cora Belle Eunick's Third
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 31st 1896
4. Place of Birth, (Street and Number)	120 Winchester
5. Full Name of Mother,	Emma Eunick
6. Mother's Maiden Name,	Emma Reiter
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Chas. L. Eunick
9. Father's Occupation	Machinist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	B. F. Phillips M.D.
Address,	
Remarks,	

5960003867

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM KO

RETURN OF A BIRTH. 76463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 31 96

4. Place of Birth, (Street and Number) 1032 E. [illegible] av.

5. Full Name of Mother, Annie Deitch

6. Mother's Maiden Name, Voss

7. Mother's Birthplace, Balto

8. Full Name of Father, William Deitch

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, W B Perry MD

Address,

Remarks,

8960003868

been conferred), its sex, color, [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 / December / 96
4. Place of Birth, (Street and Number) 1116 3/ 96
5. Full Name of Mother, Mary A. Harris
6. Mother's Maiden Name, Crafts
7. Mother's Birthplace, North Carolina
8. Full Name of Father, Chas E. Harris
9. Father's Occupation, Farmer Penna R.R.
10. Father's Birthplace, Balto MD Retired

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 6 6 0 0 3 8 6 9

been conferred; if a sex, child, shall be delivered, duly attested by the practitioner in the form of a certificate hereto, to the office of the Commissioner of Health. In case the said child shall die before the same shall have been registered, the certificate of such death shall be delivered to the office of the Commissioner of Health, in the manner provided by the ordinances of this city, and no other person be in attendance upon the birth of any child shall neglect or refuse to comply with the provisions of this section, he shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third days of each and every month of a physician or midwife, or if it shall become and within the period required, and after the same shall have been filled out, to the Commissioner of Health, in the manner and in accordance with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sunday Aug 30 '96

4. Place of Birth, (Street and Number) Balto City 176 Saratoga st

5. Full Name of Mother, Jennie Sadtler

6. Mother's Maiden Name, " Merrl

7. Mother's Birthplace, Balto City

8. Full Name of Father, Phelix B. Sadtler

9. Father's Occupation, Horse Painter

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs Hannie Meyers

Address, P. B. Sadtler 176 Saratoga St. Hannie Meyers 722 Bradley St Balto City

Remarks.

B 96 U 0 83870

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Andrew Harvey Jr.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Female~~ Male

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 17, 1896.
4. Place of Birth, (Street and Number) 1633 Linford Avenue
5. Full Name of Mother, Nancy (Edley) Harvey
6. Mother's Maiden Name, Nancy Booth
7. Mother's Birthplace, Maryland (Baltimore) Harvey
8. Full Name of Father, John (Andrew) Harvey
9. Father's Occupation, Piano Maker
10. Father's Birthplace, Wales

Name of Medical Attendant, or other person who makes this Return. J. D. Marble M.D.

Address, 1707 N. Caroline Street, Md

Remarks,

1 8960003871

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 7, 1896.
4. Place of Birth, (Street and Number) Bond & Lanvale Streets.
5. Full Name of Mother, Clara Haltgreve
6. Mother's Maiden Name, Clara Klitsch
7. Mother's Birthplace, American
8. Full Name of Father, Herman W. Haltgreve
9. Father's Occupation, Storekeeper
10. Father's Birthplace, American

Name of Medical Attendant, or other person who makes this Return, J. F. Marterer M.D.

Address, 1707 N. Caroline

Remarks,

8960003872

been entered) its sex, color, the full name and occupation of its parents, the date and the place between the first and the second registration of its birth, and the name and address of the physician or midwife in attendance upon the birth, or if there was no physician or midwife in attendance, then the name and address of the person who shall have given the information required by the Commissioner of Health, or should no other person be in attendance, then the name and address of the person who shall have given the information required by the Commissioner of Health, in the manner and within the period of time prescribed by the rules and regulations of the Board of Health, and any person who shall neglect or refuse to perform the duty of the person or persons required to report as aforesaid any birth which shall occur within the limits of Baltimore City, or who shall neglect or refuse to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	First August 1896
4. Place of Birth, (Street and Number)	1630 Charles St. Baltimore
5. Full Name of Mother,	Mary E. Feeny.
6. Mother's Maiden Name,	Mary E. Link.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm. L. Feeny
9. Father's Occupation	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Brooks
Address,	828 Light St.
Remarks,	Living Well.

8960003873

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 76469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	5th Child
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	August 1st 1896
4. *Place of Birth,* (*Street and Number*)	63 East Randall Street
5. *Full Name of Mother,*	Ida L Collins
6. *Mother's Maiden Name,*	Ida L Summerset
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Long Collins
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Eliz Brooks
Address,	1828 Light Street
Remarks,	Long Well

8 V 6 0 0 3 8 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...months after) its sex, color, the full names of its parents, the date and place of birth, and the ...said schedule shall be delivered, duly filled out, to the Commissioner of Health. In case the father or mother ...third day of each and every month. If a physician or midwife in attendance at the birth of any child ...shall occur without the presence of a physician or midwife within the period above specified, the ...attendance report its birth to the Council hereafter fail to do so, he shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 Agust 1896
4. Place of Birth, (Street and Number) 818 Mantford ave
5. Full Name of Mother, Anni Barrows
6. Mother's Maiden Name, Anni Pedrsen
7. Mother's Birthplace, Baltimor M D.
8. Full Name of Father, Petter Barrows
9. Father's Occupation Marner
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

84600033875

Wm. J. C. Dulany Co., City Printers and Stationers.

month and shall set forth as near as may be the full name and occupation of the parents, the date and place of birth and the sex, color, (if any) assigned by the Health Commissioner of Health. Should no other person be in attendance at the birth of any child as herein required, it shall become and within the period of time herein specified, and the Health Commissioner shall be entitled to receive from the person or practitioner of midwifery of the person or parents of such child to report its birth as aforesaid, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 2-19-51

RETURN OF A BIRTH. 76471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Joseph Ehrhart

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, August 2 '96
4. Place of Birth, (Street and Number) 1615 Milliman St
5. Full Name of Mother, Katie ~~(Edwards)~~ Ehrhart
6. Mother's Maiden Name, " Mitchell
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Aaron ~~(Edwards)~~ Ehrhart
9. Father's Occupation Brass Finisher
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St

Remarks.

1896000387 6

month, [illegible] of its parents. [illegible]
been conferred) its sex, color, the full name and occupation of its parents. the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Fem.
2. Race or Color, (if not of the white race) Col
3. Date of Birth. Aug 2 - 96
4. Place of Birth, (Street and Number) 1432 - E Balto St -
5. Full Name of Mother, Jennie Lewis
6. Mother's Maiden Name, Jennie Block
7. Mother's Birthplace, Balto
8. Full Name of Father, Robt Lewis
9. Father's Occupation, Produce Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Chas. F Block, M.D.

Address, 1603 E Balto St -

Remarks,

5960003877

month, and shall state the sex, color, the full name and occupation of its parents, the date and place of birth, the first and present residence of the mother, and the number of children born to her, including the child reported, and such other information as may be required by said schedule. In case a child is born alive and shall die before a certificate of birth has been returned, as herein required, the physician, midwife or other person in attendance upon the mother at the birth shall report the same to the Commissioner of Health, in the manner and within the time required by this section, and shall state in his report the cause of death, if known to him, and the date and place of burial of such child. If no physician or midwife was in attendance upon the mother at the birth, the father of the child, or any other person having knowledge of the facts, shall report the birth to the Commissioner of Health, in the manner and within the time required by this section, and shall state in his report the cause of death, if known to him, and the date and place of burial of such child. No certificate of birth shall be required for a child born dead unless it has advanced to the fifth month of gestation or more. Any physician, midwife or other person who shall neglect or refuse to report any birth as required by this section shall be subjected to a fine of not more than ten (10) dollars for each offence. No certificate of birth shall be required for any child born dead unless it has advanced to the fifth month of gestation or more. Any physician, midwife or other person who shall neglect or refuse to report any birth as required by this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

(236.)

RETURN OF A BIRTH. 76473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd August 1896
4. Place of Birth, (Street and Number) 2040 Schroeder Street
5. Full Name of Mother, Mamie Canas
6. Mother's Maiden Name, Mamie Switzer
7. Mother's Birthplace, Germany
8. Full Name of Father, Frances Canas
9. Father's Occupation Glass Flatter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Eliza Burke

Address, 1128 Light St.

Remarks, Home Well.

8 4 6 0 3 8 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name, sex and color, if not white, the date and place of birth; and the full name and birthplace of its parents, the date and place of birth; and the occupation of the father; and the name of the practitioner in the form of a certificate between the first and third day of each and every month, with the address of said practitioner; and in case no physician or midwife shall be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, said child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

836.]

RETURN OF A BIRTH. 76474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 3/96
4. Place of Birth, (Street and Number) 2015 Eastern Ave.
5. Full Name of Mother, Lina Lochner
6. Mother's Maiden Name, Badinger
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph Lochner
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Dr. Eisenhofel

Address, 241 S. Washington St.

Remarks,

1896 0 0 3879

Wm. J. C. Dulany Co., City Printers and Stationers.

months, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, the date and place of birth, and the sex, color, and full name and occupation of the attendant, if any, and such other particulars as may be required by the Commissioner in the form of a certificate between the first and tenth days of each and every month, to the office of the Commissioner of Health. In case there is no attendant, such schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case there is no other person to report the birth to the Commissioner, the mother, immediately thereafter, in the manner and within the period above required, and shall report its birth to the Commissioner of Health. If the mother shall refuse or neglect to make such report, the father of such child, if living in the city of Baltimore, shall be liable to the penalties hereinafter set forth. It shall be the duty of the person or parents of such child to report the name selected for such child to the Commissioner of Health within one month after the birth of such child, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 16475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 3 August
4. Place of Birth, (Street and Number) 907 Sterling st
5. Full Name of Mother, Elisa Koch
6. Mother's Maiden Name, = Bindel
7. Mother's Birthplace, Germanie
8. Full Name of Father, John Koch
9. Father's Occupation =
10. Father's Birthplace, Germanie

Name of Medical Attendant, or other person who makes this Return, Anna Walber

Address, 928 N. Cent. Avenue

Remarks.

8966003880

Wm. J. C. Dulany Co., City Printers and Stationers.

Every certificate of birth required to be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each month, to the Commissioner of Health. In case there is no such practitioner in attendance upon the birth, the certificate shall be delivered by the father of the child, or in case the father is dead or absent from the city, by the mother, and in case the mother is dead or unable to act, then by the nearest relative present at the birth, or by the householder or manager of the institution where the birth occurs, or by the owner of the premises where the birth occurs, or by the agent of such owner. Every midwife who shall attend upon any birth shall, within the first ten days of each month, deliver to the Commissioner of Health a certificate of such birth, and of the attendance of such midwife thereat. If any physician, midwife or other person required to make, sign or deliver any certificate of birth as aforesaid, shall neglect or refuse to make, sign or deliver the same within the period above required, or shall refuse or neglect to comply with the provisions of this section in any particular, such physician, midwife or other person shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable. Jetzel to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, 3 August 1876
4. Place of Birth, (Street and Number) 1125 Hare Lane.
5. Full Name of Mother, Johanna Katzell.
6. Mother's Maiden Name, Kastle.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Karl Katzell.
9. Father's Occupation Keller.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Liersemann.

Address, 2922 Elliot st.

Remarks,

8960C07881

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the number of children between the first and said schedule shall be delivered, duly signed by the attendant in the form of a certificate between the first and third day of each and every month of a physician or practioner of midwifery, of the person or parents of such shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in such manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4th August 1896

4. Place of Birth, (Street and Number) Balto. Number 8 West H Mar

5. Full Name of Mother, Caroline Barfoot.

6. Mother's Maiden Name, Caroline Wright Foot.

7. Mother's Birthplace, Saline County Missouri.

8. Full Name of Father, Marion Barfoot.

9. Father's Occupation Fireman.

10. Father's Birthplace, Richmond Virginia

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks.

Address, 1828 Light St.

Remarks, Doing well.

1 8 9 6 U 0 0 3 8 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. (As amended) The sex, color, the full name and occupation, as far as practicable, of the parents of each child born, the number of children born to the mother, including the present birth, and whether the first and each subsequent birth was a single birth or one of twins, triplets, or other plural birth, shall be entered in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child are unable to procure the attendance of a physician or practitioner of midwifery, the mother shall immediately thereafter, it shall become the duty of the person in attendance upon the mother at the time of the birth, or within the period above required, and shall report such birth to the Commissioner of Health. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

386.]

RETURN OF A BIRTH. 76478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 4th 1896

4. Place of Birth, (Street and Number) 1624 Elizabeth Lane

5. Full Name of Mother, Maggie Meyers

6. Mother's Maiden Name, Maggie Kemp

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Meyers

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Eliza Bragler

Address, 1828 Light Street

Remarks, Long Well

8 V 6 U 6 9 3 8 8 3

months, and shall set out in the full name and occupation of its parents, the date and place of birth; and the been conferred) his sex, color, date and place of birth, the full name and occupation of its parents, the date and place of birth; and the said school at each and every month to the office of the Commissioner of Health, or should no other person be in his or her stead, a like certificate, containing the same particulars, which certificate the first child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such attendance upon the mother, immediately after the birth, to report the same to the Commissioner of Health; and child to report the same as aforesaid, within the period above required, shall be liable to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 4th 1896
4. Place of Birth, (Street and Number) 612 N. Eden
5. Full Name of Mother, Mary W. Quinlan
6. Mother's Maiden Name, Kennedy
7. Mother's Birthplace, Ireland.
8. Full Name of Father, James J. Quinlan
9. Father's Occupation Horse Shoer
10. Father's Birthplace. Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer M.D.

Address, 439 N. Central Ave

Remarks,

8960 03884

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by said schedule; and every such return shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each and every month to the officer or practioner of midwifery, or should no other person be in attendance, then to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, then to the Commissioner of Health, in the manner and within the time above specified, the mother of such child immediately thereafter is shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified. Any violation of any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 3-28-58

RETURN OF A BIRTH. 76480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Dorothea Elizabeth Volker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 4th 1896
4. Place of Birth, (Street and Number) 903 N Calhoun St.
5. Full Name of Mother, Carrie Volker
6. Mother's Maiden Name, Wegner
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick ~~Heine~~ Volker
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, H. H. Webster M.D.

Address, 723 N Lombard St

Remarks, Delivered with Forceps

8960003885

Each Certificate is to be duly signed by the practitioner in the form of a certificate between the first and second births, and by the parent or other person in the form of a certificate between the second and third births of any child said schedule shall be delivered with the certificate of birth of the first child. If there be no attendance of a physician or practitioner at any birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case there be no other person he is in the office of the Commissioner of Health, within ten days after the birth, and in case there be no attendance upon the mother, immediately after the birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, within ten days after the birth. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 7648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 4 96
4. *Place of Birth, (Street and Number)*	926 N Chester
5. *Full Name of Mother,*	Emma E. Henkle
6. *Mother's Maiden Name,*	Kirchardt
7. *Mather's Birthplace,*	Balto
8. *Full Name of Father,*	Wm J. Henkle
9. *Father's Occupation,*	Soldier
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary A Alvord
Address,	1502 Bond st
Remarks,	

1 6 7 6 0 0 3 8 8 6

Murphy & Co., City Printers and Stationers.

Parents, the date and place of birth, and the name and residence of the Physician or Midwife, must be reported to the Office of the Commissioner of Health. In case the parents shall neglect for the space of two weeks after the birth of any child to report the same, the Physician or Midwife in attendance upon the mother, or the person or parent shall neglect to report the birth of any child shall occur without the attendance of a Physician or Midwife, then the person or parent shall neglect to report the birth of any such person be in attendance upon the mother, hereafter it shall become the duty of the person or parent of such child to report the birth to the Commissioner of Health, in the manner and within the time above mentioned, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	~~Female~~ Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	Aug. 4, 1876.
4. Place of Birth, (Street and Number)	6530 Chestnut ave.
5. Full Name of Mother,	Edith O'Neill Leidle.
6. Mother's Maiden Name,	Hepburn.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Clarence E. Leidle.
9. Father's Occupation	Railroader
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

B 7 6 4 8 2

month, and shall set forth as of date number and occupation of its parents, the date and place of birth, and the sex, color, and such other information as may be required by the Commissioner of Health, and shall have been conferred. Its sex, color, full Christian name, if any, and the name, residence, and occupation of each parent, duly signed by the practitioner in the form of a certificate to be furnished by the said Commissioner, or by the mother, midwife, or other person in attendance upon the mother, if there be no practitioner in attendance, within five days after the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, then the father of such child shall become the duty of the person or parents of such child to report in writing to the Commissioner of Health, in the manner and within the time specified in this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 764.83

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, August 1, 96

4. Place of Birth, (Street and Number) 1644 Madison St

5. Full Name of Mother, Augusta Hannig

6. Mother's Maiden Name, Schaffert

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry Hannig

9. Father's Occupation Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Muller

Address, 1635 Walker St

Remarks,

1896U003888

Wm. J. C. Dulany Co., City Printers and Stationers.

...this district; its sex, color, the full name and occupation of its parents, the date and ... between the first and ... been collected, duly signed by the ... of the Commissioner of Health or ... should no other person be ... birth, the ... shall be delivered, duly signed as ... Commissioner in the form of a certificate ... the birth of any child ... shall occur without the attendance ... physician or practitioner of the ... duty of the person or parents of such ... child to report the same to the Commissioner of Health, and ... shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health in the manner and within the time ... section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

(236.)

RETURN OF A BIRTH. 76484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 3 1896
4. Place of Birth, (Street and Number) 217 S. Register St.
5. Full Name of Mother, Katie Lyston Fiebhardt
6. Mother's Maiden Name, Katie Lyston
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm. P. Lyston
9. Father's Occupation Moulder
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

B 96 U 03889

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. And it shall be the duty of every physician or practitioner of midwifery, or other person who shall be present at the birth of any child, and of the father and mother of such child, or the survivor of them, to report to the Commissioner of Health, in the form of a certificate hereinafter prescribed, the full name and occupation of the parents of such child, the date and place of birth, and the sex and color of such child, and whether it be the first, second or other child born to the mother; and such certificate shall be delivered, duly signed by the said physician or practitioner of midwifery, or other person, to the Commissioner of Health, within ten days after the birth shall occur, if the same occur in a city or town where a Board of Health is established, and if elsewhere, within the first ten days of the first month after the birth shall occur without the aid of such physician or practitioner of midwifery, or other person, then the certificate aforesaid shall be delivered, duly signed by the parents of such child or the survivor of them, within ten days after the first day of each and every month in which any such birth shall occur without the aid of such physician or practitioner of midwifery, or other person, to the Commissioner of Health, in the form of a certificate hereinafter prescribed, the full name and occupation of the parents of such child, the date and place of birth, and the sex and color of such child, and whether it be the first, second or other child born to the mother; and such certificate shall be delivered, duly signed by the said parents or the survivor of them, within the first ten days of the first month after the birth shall occur; and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-15-58

RETURN OF A BIRTH. 76485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Anna Margaret Thalheimer 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 5 August 1896
4. Place of Birth, (Street and Number) 930 Eden st
5. Full Name of Mother, Angeline Thalheimer
6. Mother's Maiden Name, Kuehlmann
7. Mother's Birthplace, Balt.
8. Full Name of Father, John Thalheimer
9. Father's Occupation, Taylor
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Central Avenue

Remarks,

1 8 9 6 0 0 0 5 3 8 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, it shall be the duty of the person or parents of such child to report it to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

[...] been conferred) its sex, color, the full name and occupation of its parents. [...] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* 1300 E Lexington St
3. *Date of Birth,* August 5 '96
4. *Place of Birth, (Street and Number)* Anna Blume
5. *Full Name of Mother,* " Koenig
6. *Mother's Maiden Name,* Balto Md
7. *Mother's Birthplace,* Wm H Blume
8. *Full Name of Father,* Wood worker
9. *Father's Occupation* Balto Md
10. *Father's Birthplace,* Caroline Miller

Name of Medical Attendant, or other person who makes this Return. 1605 Walker St

Address,

Remarks,

1 8 9 6 U 0 0 3 8 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race)
3. Date of Birth, 5th August. 1896.
4. Place of Birth, (Street and Number) 1215 Hall st.
5. Full Name of Mother, Mary Kaczmarska.
6. Mother's Maiden Name, Mc Kostki.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Wm Kaczmarski.
9. Father's Occupation Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs J. Siessmann.

Address, 2922 Elliott st.

Remarks,

B 2 6 0 0 0 3 8 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred on sex, color, &c., inserted in the certificate is the form of a certificate between the first and second schedules will be delivered by the Clerk of the Orphans' Court, or other officer authorized to issue the same, to the third day of each and every month, by the Health Officer, Commissioner of Health, Physician or Midwife, or other person who shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Health Officer, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 6th 1876
4. Place of Birth, (Street and Number) 351 S Fulton ave.
5. Full Name of Mother, Ella Rovina Fr. Scholz
6. Mother's Maiden Name, Forney
7. Mother's Birthplace, Balto
8. Full Name of Father, Frank H Scholz
9. Father's Occupation, Expressman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this return, H. W. Webner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

B 4 6 U 0 0 3 8 9 3

Wm J C. Dulany Co., City Printers and Stationers.

Health, hereof, the name, the full name and occupation of its parents, the date and place of birth; and the facts concerning the delivery, shall be entered in a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth occurs in a hospital, alms-house, or other institution, the superintendent or matron thereof shall be the person required to make such return. Any physician or midwife who shall become the duty of the person or parents of such attendance upon the birth of any child, and who shall neglect to make such return as required, and within the period above required, and within the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white race
3. Date of Birth, 6 August 1896
4. Place of Birth, (Street and Number) Count. on N.E. Mayer
5. Full Name of Mother, Anna Röbrich
6. Mother's Maiden Name, Anna Ruden
7. Mother's Birthplace, Kurland Russia
8. Full Name of Father, George Röbrich
9. Father's Occupation Gardner
10. Father's Birthplace, Kurland Russia

Name of Medical Attendant, or other person who makes this Return, M. A. Leslie

Address. 1600 W. Lexington

Remarks.

8 4 6 0 0 0 3 8 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month ... been conferred) its sex, color, the full name and occupation of its parents, the ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents in attendance upon the mother, immediately thereafter if it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-27-59

RETURN OF A BIRTH 76491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel Carroll

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 6 96

4. Place of Birth, (Street and Number) 424 N. Central Ave

5. Full Name of Mother, Ella Carroll

6. Mother's Maiden Name, " Kennedy

7. Mother's Birthplace, Balto

8. Full Name of Father, Alfred Carroll

9. Father's Occupation, Farmer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Mrs Mary A. Allard

Address, 424 N. Bond St

Remarks,

8760 3895

Murphy & Co., City Printers and Stationers.

Section 10. And be it further enacted, that the said schedule shall be filled out by the parents, the nearest relative present at the birth, or the attendant, within the first and third day of each and every month to the Commissioner of Health. In case the parents, the nearest relative present at the birth, or the attendant or practitioner of midwifery, or should no other person be in attendance upon the mother, fail to report the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person neglecting or refusing to make such report as in this section required shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 Agusta 1896
4. Place of Birth, (Street and Number) 2000 Fanton St
5. Full Name of Mother, Mary Buchman
6. Mother's Maiden Name, Mary Barton
7. Mother's Birthplace, Baltimor M.D.
8. Full Name of Father, George Buchman
9. Father's Occupation Wodkaver
10. Father's Birthplace. Baltimor M.D.

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address. 504 S Washington St

Remarks.

8960003896

Wm. J. C. Dulany Co., City Printers and Stationers

Sec. 2. And be it further enacted, That the full name and occupation of the parents, as near as may be, and the time and place of birth of every child born within the limits of this city, shall be registered by the person or persons who shall have been employed to attend upon the mother at the birth of such child, or who shall have been present at the birth, or who shall have been called upon to give a certificate of the birth; and in case the birth of any child shall occur without the attendance of a midwife, or physician or practioner of midwifery, or should no other person be present at the birth, or should no other person be called upon to give a certificate of the birth, then the mother of such child shall register the same; and in case the mother shall be unable to register the same, then the father shall register the same within the period above required, and in case the father shall be unable to register the same within the period above required, and attendance upon, shall register the same within the period above required, and in case the father shall be unable to register the same within the period above required, and in case there shall be no person present at the birth, or who can be found, who shall be able to register the same, then the person or persons who shall have been employed to attend upon the mother at the birth of such child, or who shall have been present at the birth, or who shall have been called upon to give a certificate of the birth, shall be required, and it shall be the duty of each and every of them, to give notice of the birth to the Commissioner of Health, and to comply with the provisions of this section in all respects with which the mother, father or other person shall be required to comply; and it shall be the duty of the Commissioner of Health, or his agent, to call upon the person or persons who shall have been employed to attend upon the mother at the birth of such child, or who shall have been present at the birth, or who shall have been called upon to give a certificate of the birth, and require the registration of the same; and any person or persons who shall neglect or refuse to register the same, or to comply with the provisions of this section in all respects with which he, she or they shall be required to comply, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, August 7th 1896
4. Place of Birth, (Street and Number) 3800 O'Donnell
5. Full Name of Mother, Lizzie Keiser
6. Mother's Maiden Name, Lizzie Leimbach
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Conrad Keiser
9. Father's Occupation, Plumber
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Emma Kunbach Midwife

Address, 2338 Elliott

Remarks,

8960003897

Each and every child born within the City of Baltimore hereafter shall be registered, and a certificate of such birth shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or, where no physician shall attend upon the mother, then by the person hereinafter named, who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 7, 1896
4. Place of Birth, (Street and Number) 939 Sharp St
5. Full Name of Mother, Dora Prount
6. Mother's Maiden Name, Dz Ellisberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Sam Prount
9. Father's Occupation Cutter
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finsberg

Address, 25 Lloyd St

Remarks,

1896 U 003898

Wm. J. C. Dulany Co., City Printers and Stationers.

...tion conferred its sex, color, the full name and occupation of the parents, the number of children born to the mother, including the present birth, and the number now living; the date of birth, and the place of birth (street and number), and the name of the physician or midwife, or other person in attendance at the birth; and the certificate shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or other person, such person shall make the return required by this section within the first ten days after the birth of such child; and the mother of every illegitimate child born in the city of Baltimore shall, immediately thereafter, if able, and if not able, then as soon as able, make a return to the Commissioner of Health of the name, age, color and birthplace of such child, and the name, residence and occupation of the father thereof. Every person who shall neglect or refuse to comply with the provisions of this section shall, on conviction before any justice of the peace of the city of Baltimore, be fined for each offence not less than five nor more than twenty dollars, to be collected as other fines and forfeitures are recoverable.

8]

RETURN OF A BIRTH. 76495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 8, 1876.
4. Place of Birth, (Street and Number) 607 Hamilton ave.
5. Full Name of Mother, Teresa Agnes Evert.
6. Mother's Maiden Name, Lindsley.
7. Mother's Birthplace, Md.
8. Full Name of Father, Charles Albert Evert.
9. Father's Occupation Collar mill operative.
10. Father's Birthplace, Washington, D. C.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks.

18960003899

Wm. J. C. Dulany Co., City Printers and Stationers.

Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioners of Health, or should no other person be in attendance upon the mother, Commissioners of Health, in the manner and within the period above stated, and every such practitioner who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6]

GIVEN NAME ADDED 1/27/1896 JJ

RETURN OF A BIRTH. 76496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jesse Earl Penn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 8, 1896.
4. Place of Birth, (Street and Number) 241 Carroll st.
5. Full Name of Mother, Martha C. Penn
6. Mother's Maiden Name, Hynes.
7. Mother's Birthplace, Md.
8. Full Name of Father, William Henry Penn.
9. Father's Occupation Horse-shoer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks.

8 9 6 U 0 0 3 9 0 0

...City Printers and Stationers.

RETURN OF A BIRTH. 76497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 9 August.
4. Place of Birth, (Street and Number) 1924 1524 Tholbrook st.
5. Full Name of Mother, Hoake Eilgenstein
6. Mother's Maiden Name, = Schilling
7. Mother's Birthplace, Ball.
8. Full Name of Father, John Eilgenstein
9. Father's Occupation
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Cent. Av.

Remarks.

BV60803901

Wm. J. C. Dulany Co., City Printers and Stationers.

been centered) its sex, color, the full name and occupation of its parents, and such other particulars as may be required in the form of a certificate between the first and third day of each and every month after the birth of such child, which certificate shall be delivered, duly signed by the said physician or practitioner in attendance, or the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child fail to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 76498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Henry William Feige

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 9/96
4. Place of Birth, (Street and Number) 2053 E. Fayette Ste.
5. Full Name of Mother, Ida (Tige) Feige
6. Mother's Maiden Name, (Masters) Meyer
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm. Chas. (Tige) Feige
9. Father's Occupation Clerk
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs. Diedenhofer

Address, 241 N. Washington Ave.

Remarks,

6 9 6 0 0 6 3 9 0 2

month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth; and the best conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly filled up, to the office of the Commissioner of Health. In case the birth of any child third day of each month, and every month thereafter, a like schedule shall be delivered, duly filled up, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the city, of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner hereafter fail to comply with the provisions of this section shall be liable, any such person so neglecting or refusing within the period above required, and forfeiture are recoverable jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9th August 1896
4. *Place of Birth, (Street and Number)*	1030 Sharp Street
5. *Full Name of Mother,*	Mary A Mooney
6. *Mother's Maiden Name,*	Mary A Sexton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Mooney
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elise Brooks
Address,	1828 Light St.
Remarks,	Long Wharf

84600 03903

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76500

GIVEN NAME ADDED 5/23/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Joseph Kerber

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 10th 1896
4. Place of Birth, (Street and Number) 659 Portland St
5. Full Name of Mother, Mary Agnes Kerber
6. Mother's Maiden Name, " Humphrey
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Kerber
9. Father's Occupation, Machinist
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return E. C. Taree M.D.

Address, 830 Columbia ave

Remarks,

said schedule shall be delivered, duly signed by the practitioner at the birth, or by the nurse in attendance upon the mother, immediately after the birth of each child, to the office of the Commissioner of Health, within thirty days after such birth. In case the birth of any child shall occur without the attendance of a physician or nurse, the duty of the person or parent required, and hereinbefore designated, to report such birth to the Commissioner of Health, in the manner and within the time specified, and shall become the duty of the person in charge of the premises where such birth occurs. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960003904

RETURN OF A BIRTH. 76501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10th August 18
4. *Place of Birth, (Street and Number)* 3936 Boston st.
5. *Full Name of Mother,* Mari Hachla
6. *Mother's Maiden Name,* Ofertowics.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Stepan Hachla.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs P. Liesemann.

Address, 2722 Elliot st.

Remarks,

8960003985

[illegible] in the form of a certificate between the [illegible] said schedule shall be delivered, duly signed by the practitioner [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Boje
2. Race or Color, (if not of the white race) weiß
3. Date of Birth, 11 August
4. Place of Birth, (Street and Number) Luzern St № 532
5. Full Name of Mother, Mari Radecka
6. Mother's Maiden Name, Chudzik
7. Mother's Birthplace, Westpreußen
8. Full Name of Father, Jakob Radecki
9. Father's Occupation Arbeiter
10. Father's Birthplace, Westpreußen

Name of Medical Attendant, or other person who makes this Return, Mari Begier

Address, Fait Ave & St № 2611

Remarks, Baltimore

8960003906

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 76503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 11 96

4. Place of Birth, (Street and Number) 611 E Eager St

5. Full Name of Mother, Maggie E Hagelp

6. Mother's Maiden Name, " Elliott

7. Mother's Birthplace, Balto

8. Full Name of Father, Edwin Hagelp

9. Father's Occupation, Iced Worker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return, Mrs Mary A. Ellwell

Address, 1438 N Bond St

Remarks,

B 2 6 U 0 8 3 9 0 7

parents, the date and place of birth, and sex of each and every child born alive in their family, to the office of the Commissioner of Health. It must be certificate between the attendance after it shall become the duty of the person required, and any such person birth of such child without such certificate, shall be guilty of a misdemeanor, and shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 76504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 5 te

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 Agusti 1896
4. Place of Birth, (Street and Number) 1519 Lankaster St
5. Full Name of Mother, Magi Bazil
6. Mother's Maiden Name, Magi Chalk
7. Mother's Birthplace, Baltimor M. D.
8. Full Name of Father, Peter Bell
9. Father's Occupation Lauber
10. Father's Birthplace, Baltimor M. D.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 E. Washington St

Remarks,

8960003908

being conferred) its sex, color, the full name and occupation of its parents, the number of the first and said schedule shall be delivered, duly signed by the attendant, to the City Commissioner of Health. In case the birth of any child third day of each and every month. If a physician or practicer of midwifery, or should no other person as aforesaid be present at the birth, the mother, immediately thereafter, it shall become the duty of the person occupying the house in which such child is born, within the period above required, and child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 76505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11th Aug 1910 Woodyard Ave.

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Bell Caldwell

6. Mother's Maiden Name, Bell Edwards.

7. Mother's Birthplace, Virginia

8. Full Name of Father, John D Caldwell

9. Father's Occupation Salesman

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs D Reid Mitchell

Address, 1717 E. Eager St.

Remarks,

8960003909

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 76506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 12/96
4. Place of Birth, (Street and Number) 23 N. Braddford Av.
5. Full Name of Mother, Barbara Wilhelm
6. Mother's Maiden Name, " Kiesel
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Wilhelm
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo. Deisenhofer

Address, 241 S. Washington Ave.

Remarks,

8960639 10

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] of birth, as far as the same can be ascertained the full name of each child (if any shall have been) born alive of such mother, the date and place of birth; and the full name and occupation of its parents, the date of a certificate between the first and third day of each and every month to the office or practioner of midwifery, or should no other person reside in which shall occur without the attendance of any physician or midwife, then within the period above required, and shall be delivered duly signed by the practitioner of midwifery, or should no other person reside in which shall occur without the attendance of any physician or midwife, then within the period above required, and shall set forth as the case may be, the full name and occupation of its parents, the date and place of birth; and the date of certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any physician or midwife, then within the period above required, and shall be delivered duly signed by the practitioner of midwifery, or should no other person reside in the house at the time of such birth to the Commissioner of Health, he or she shall comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 12 96
4. Place of Birth, (Street and Number) 2306 Penna ave
5. Full Name of Mother, Rose Ruschert
6. Mother's Maiden Name, Rose List
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Fred Ruschert
9. Father's Occupation Baker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A C Polk

Address, 2038 Manor ave

Remarks, 1896 U 003911

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife shall report the birth of any child she may attend, within ten days after the occurrence of such birth, to the office of the Commissioner of Health, and no other person be required to report the same; and every physician or practitioner of midwifery who shall attend the birth of any child shall report the same within ten days after the occurrence of such birth to the Commissioner of Health, in the manner and within the period above required of midwives; and every midwife or physician who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Every midwife shall be required to report to the office of the Commissioner of Health, daily, a list of the births reported by her, stating the name, sex, color, and residence of the parents, and the number of the house in which each child was born, and the date of birth; and if any midwife shall neglect to report any birth as herein required, she shall forfeit and pay for each such neglect the sum of five (5) dollars, to be recovered as other fines and forfeitures are recoverable.

Every midwife shall, on the first day of each and every month, report to the Commissioner of Health the number of births reported by her during the preceding month, and if no births have been reported by her during any month she shall report the fact to the Commissioner of Health on the first day of the succeeding month; and for each neglect to report as herein required she shall forfeit and pay the sum of five (5) dollars, to be recovered as other fines and forfeitures are recoverable.

Every midwife shall, on the first day of each and every month, report to the Commissioner of Health the number of births reported by her during the preceding month, and if no births have been reported by her during any month she shall report the fact to the Commissioner of Health on the first day of the succeeding month; and for each neglect to report as herein required she shall forfeit and pay the sum of five (5) dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Aug 12th 1896
4. Place of Birth, (Street and Number)	312 Falls Road, Woodberry
5. Full Name of Mother,	Jessie L. Parks
6. Mother's Maiden Name,	Jessie L. Hulks
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry N. Parks
9. Father's Occupation	Milkman
10. Father's Birthplace,	Carroll Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Geo. T. Shower, M.D.
Address,	421 Kolands Ave. Hampden
Remarks,	

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Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 76509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13 August 1896
4. *Place of Birth, (Street and Number)*	800 Light Street
5. *Full Name of Mother,*	Fredericka Schramm
6. *Mother's Maiden Name,*	Fredericka Conrad
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Schramm
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Elyz Brooks
Address,	1825 Light Street
Remarks,	Doing well

18960030913

month, and shall set forth, as far as the same can be ascertained by diligent inquiry, the date and place of birth; and the name, sex, color, and full name and occupation of the parents, and such other particulars as may be required in the form of a certificate between the first and third day of each and every month of a physician or practicer of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, as above required, and shall also cause a certificate of such birth to be signed by the mother, immediately thereafter. It shall become and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 76510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 13/96
4. Place of Birth, (Street and Number) 1110 W. Centrale Ave.
5. Full Name of Mother, Katie Franz
6. Mother's Maiden Name, Sporer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. J. Franz
9. Father's Occupation Cutter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Heisenbottle

Address, 241 S. Washington

Remarks,

B 6 0 0 0 3 9 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, after a full set of labor pains, or 28 days after miscarriage or abortion, the full name and occupation of the parents, the date and place of birth, and the number of children of the mother living, including the child just born, and the number of such children that have been delivered, duly signed by the person in charge of the case, to the Commissioner of Health. In case no other person be in attendance upon the mother immediately thereafter, it shall become and within the period above required it shall be the duty of each and every month to the office of the Commissioner of Health, a like return of each and every case of midwifery, of the person or practitioner of midwifery, of the person or parents of such child to report to the Commissioner of Health, as herein required, the birth of any child which shall occur without the attendance of a physician or practitioner of midwifery, and within the period above required it shall be the duty of the person in charge of the case, to report to the Commissioner of Health, as herein required, the birth of any child which shall occur without the attendance of a physician or practitioner of midwifery, or other person in attendance upon the mother immediately thereafter. It shall become and within the period above required it shall be the duty of each and every person who shall fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-9-55

RETURN OF A BIRTH. 76571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Geneveive Loretta Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 13. Aug. 1896
4. Place of Birth, (Street and Number) Not correct Place.
5. Full Name of Mother, Jennie Smith
6. Mother's Maiden Name, Jennie Smith
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Smith.
9. Father's Occupation Brassfounder
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. Quick midwife.

Address, 1317 E. Eager St.

Remarks,

8960003915

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 76512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th August 1896
4. *Place of Birth, (Street and Number)*	1621 Race Strat
5. *Full Name of Mother,*	Annie Strauss
6. *Mother's Maiden Name,*	Annie Shaefer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Strauss
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	C. Lee Brake
Address,	1128 Light Strat
Remarks,	Living Well

B 4 6 U 0 0 3 9 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This side shall contain a set of the items above stated, the full name of each child, (if any shall have been conferred) its sex, color, the full names of its parents, the date and place of birth, and the name, and shall set forth as far as the same can be ascertained from the person in charge of the case, the full name, residence and occupation of the practitioner in the form of a certificate between the hours of any child said schedule shall be delivered, mailed or transmitted by the person in charge of the case, or if there be no such person, then by the parent of such child to report its birth to the Board of Health, in the manner and within the time above prescribed, and any such person or parent who shall hereafter fail to comply with the provisions of this section shall be subjected to the payment of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 23 96
4. Place of Birth, (Street and Number)	Maternity 115 W. Lombard
5. Full Name of Mother,	Mary White
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Md.
8. Full Name of Father,	
9. Father's Occupation	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M.D.
Address,	113 W. Lombard St.
Remarks,	

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Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the case, to the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or midwife, the same shall be reported within the time above required, and by the parent or parents of such child, if able; and in case of their inability, then by the person having charge of such child; and in case the birth of any child shall occur upon the premises of the mother, and within the period above required, and any such person or persons who shall hereafter fail to certify and return the same as above required, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Black
3. Date of Birth,	Aug. 24 '96
4. Place of Birth, (Street and Number)	Maternity 115 N. Lombard
5. Full Name of Mother,	Eva White
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Washington D.C.
8. Full Name of Father,	Unknown
9. Father's Occupation	"
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M.D.
Address,	115 N. Lombard St.
Remarks,	

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Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 76575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd "
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 26 '96
4. *Place of Birth, (Street and Number)*	Maternite 115 W Lombard
5. *Full Name of Mother,*	Mrs. Bottorf
6. *Mother's Maiden Name,*	Unknown
7. *Mother's Birthplace,*	Pa.
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M.D.
Address,	115 W. Lombard St.
Remarks.	

8460003919

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth the full name and occupation of its parents, the date and place of birth; and the full Christian name, if any, of the child, if the same shall then have been conferred; its sex, color, the name and residence of the physician or midwife in attendance, if any, and the full name, residence and occupation of the informant. In case the birth of a child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and such report shall state the cause of the absence of such attendance. Any of the persons who shall hereafter fail to comply with the provisions of this section shall be liable, and shall be severally subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 26 '96
4. Place of Birth, (Street and Number)	Maternity 115 W. Lombard
5. Full Name of Mother,	Martha Smith
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Germany
8. Full Name of Father,	
9. Father's Occupation	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M.D.
Address,	115 W. Lombard St.
Remarks,	

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Wm. J. C. Dulany Co., City Printers and Stationers.

Said Certificate shall be delivered, duly signed by the Practitioner in the form as above, to the Registrar of Vital Statistics, Board of Health, within ten days after the birth of any child shall occur without the attendance of a Physician or Midwife, or should no other person be in attendance upon the mother, within the same time, the person having charge of such child to report it to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 27 '96
4. Place of Birth, (Street and Number) Maternité 115 W. Lombard St.
5. Full Name of Mother, Hetter Fogle
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —
Name of Medical Attendant, or other person who makes this Return, J. C. Austin M.D.
Address, 115 W. Lombard St.
Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered. duly signed by the practitioner in charge of a case, to the parent of any child ... of each and every month to the Registrar of the Board of Health. In case no other person be in ... the Commissioner of Health, midwifery, or the person or parents of said ... a physician or practitioner in attendance upon the mother, within the period above recited, ... without the attendance thereof, in the manner and form provided in this section, a like notice ... shall be subject upon the mother, Commissioner, who shall fail to comply with as other fines and forfeitures are recoverable. ... child to report its birth, as herein required, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. ... any such person who shall be convicted of any such offence, to be recovered as other fines and forfeitures are recoverable. ... subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 76578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th August 1896
4. *Place of Birth, (Street and Number)*	1528 Hanover Street
5. *Full Name of Mother,*	Lena Kruse
6. *Mother's Maiden Name,*	Lena Schultz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Kruse
9. *Father's Occupation*	Chandlier Finisher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	1828 Light Street
Remarks,	Living Well

846U0039222

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 5-2-52

RETURN OF A BIRTH 76579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bertha Stark

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), Jewish.
3. Date of Birth, August 14th., 1896.
4. Place of Birth (Street and Number), 210 S. High St.
5. Full Name of Mother, Ida (~~Staork~~) Stark
6. Mother's Maiden Name, Denowitch.
7. Mother's Birthplace, Poland.
8. Full Name of Father, Louis (~~Staork~~) Stark
9. Father's Occupation, Tailor.
10. Father's Birthplace, Austria.

Name of Medical Attendant, or other person who makes this Return. Eugene Lee Crutchfield, M.D.

Address, 1232 East Preston St.

Remarks,

Publishing Co. City Printers and Stationers.

CERTIFICATE CORRECTED 12-14-59

RETURN OF A BIRTH. 76620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Fannie Freeman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 14 1899
4. Place of Birth, (Street and Number) 406 Pharrot St
5. Full Name of Mother, ~~Ella~~ ~~Freeman~~ Edgie Freeman
6. Mother's Maiden Name, E. Wildsky, Elsie
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham ~~Freeman~~
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finkberg

Address, 25 Lloyd St

Remarks,

576 003924

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner in the form of a certificate between the first and third days of each and every month, a return of all births which have occurred during the said month, and which have been attended by such midwife, physician or practitioner, and in case the birth of any child shall be delivered, during the said month, without the attendance of a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 15 / 1896
4. *Place of Birth, (Street and Number)*	80 Cedar ave
5. *Full Name of Mother,*	Mary R. Kone
6. *Mother's Maiden Name,*	" " Dir
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Jas H Kone
9. *Father's Occupation*	R.R. employee
10. *Father's Birthplace,*	Balto Co.
Name of Medical Attendant, or other person who makes this Return,	Wm H Feldman M.D
Address,	102 Chestnut Ave
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

8960003925

Each birth shall be registered within ten days after the same shall occur, and the physician or midwife in attendance upon the mother, or in case there is no physician or midwife in attendance, then the mother, householder or owner of the premises where such birth occurs, shall within the time above specified, report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16 August 1896
4. *Place of Birth, (Street and Number)*	1272 Riverside Ave
5. *Full Name of Mother,*	Nannie Hastin
6. *Mother's Maiden Name,*	Nannie Martin
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Walter Hastin
9. *Father's Occupation*	Conductor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Eliz Brooks
Address,	1828 Light Street
Remarks,	Long Bell.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76523

GIVEN NAME ADDED. 7/26/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frederick Julius ~~Lay~~ Lax

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16/96
4. Place of Birth, (Street and Number) 115 S. Castle Str.
5. Full Name of Mother, Ella Lax
6. Mother's Maiden Name, Christeane
7. Mother's Birthplace, Balto.
8. Full Name of Father, Louis Lax
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Sara Deisenhofer

Address, 241 S. Washington Av.

Remarks,

B 4 6 0 0 0 3 9 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Whoever, knowingly omits to enter the full name and occupation of the parents, the date and place of birth, and the sex of any child, shall be liable to a penalty of ten dollars for each offense; and the physician or midwife who shall fail to make a certificate between the first and fifth days of the month following that in which the birth shall occur, or who shall fail to make a supplemental certificate when required by the Commissioner of Health, shall be liable to a like penalty for each offense. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person in charge of the house or premises where the birth occurs, or of the parent, to report the birth as required, and in default thereof he shall be liable to the penalty above mentioned. In the manner and within the time prescribed by the Commissioner of Health, in the case of every child born alive, the person in attendance upon the mother at the birth shall make a return to the Commissioner of Health of the birth of such child, and of the sex, color and name of the child, and the name, residence and occupation of the parents, and such other particulars as may be required by the Commissioner of Health; and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 16 1896
4. Place of Birth, (Street and Number) 2589 Maryland Ave.
5. Full Name of Mother, Carrie V. Dubreuil
6. Mother's Maiden Name, Kraft
7. Mother's Birthplace, Md.
8. Full Name of Father, Geo. A. Dubreuil
9. Father's Occupation Real Estate
10. Father's Birthplace, West Indies

Name of Medical Attendant, or other person who makes this Return, G Lane Taneyhill

Address, 1103 Madison Ave

Remarks Instruments and chloroform

8960003928

Wm. J. C. Dulany Co., City Printers and Stationers.

...ful Statistics, Board of Health, Baltimore City, duly signed by the practitioner in the form of a certificate as herein required, shall be delivered, ... to the office of the Commissioner of Health, in case the birth of any child said schedule shall be delivered, ... to the office of the Commissioner of Health, in case the birth of any child ... or shall become the duty of the person or parents or ... third day of each and every month after the birth of such child, and ... of a physician or practitioner, it shall become the duty of the person or parents or ... shall occur within the limits of the city of Baltimore, in the manner and within the period ... and every such person or persons who shall refuse or neglect to comply with the provisions of this section shall be ... child to report its birth to the Commissioner of Health, in the manner and within the period ... any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76525

GIVEN NAME ADDED 10/2/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Myrtle Regina Curd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Aug 17 1896
4. Place of Birth. (Street and Number) 939 W. Lombard St.
5. Full Name of Mother, Annie B. Curd
6. Mother's Maiden Name, Mason
7. Mother's Birthplace, Virginia
8. Full Name of Father, William E. Curd
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. H.J. Wetmiller

Address, 723 W. Lombard st.

Remarks, Natural Labor

1896000003929

said sole duty of each and every midwife, or other person who shall attend upon any birth, to report the same to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or there be no person in attendance upon the mother, immediately thereafter, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health. In case any person shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 17th 96
4. Place of Birth, (Street and Number) 1133 South St.
5. Full Name of Mother, Annie M. Getzendiener Chambers
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas J. Getzendiener
9. Father's Occupation, Fireman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. H. W. Wagner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor.

B 7 6 0 0 0 3 9 3 0

Said schedule shall be delivered, duly signed by the respondent in the form of declaration above, to the Registrar of each and every month to the physician or practitioner of midwifery, or in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be liable to report it, then it shall be the duty of the person or parents of said child to report the same to the Commissioner of Health within ten days after the birth, and in default of so doing, each person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 17/96
4. Place of Birth, (Street and Number) 1572 Riggs Av
5. Full Name of Mother, Maggie Webster
6. Mother's Maiden Name, Maggie Lightner
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm B Webster
9. Father's Occupation Car Conductor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, ACPolk

Address, 2038 Madison Av

Remarks. 8960003931

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 17, 1896.
4. Place of Birth, (Street and Number) 72 Brick Hill, Baltimore.
5. Full Name of Mother, Annie Hannon.
6. Mother's Maiden Name, Kennedy.
7. Mother's Birthplace, W. Va.
8. Full Name of Father, Harry J. Hannon.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8960003932

Every birth should be declared, duly signed by the practitioner in the form of a certificate between the 1st and 3rd day of each and every month to the office of the Commissioner of Health, if there be a practitioner in attendance upon the mother, otherwise by the nearest relative present in the house, or the nearest person present at the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the mother herself shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the time prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 18 1896
4. Place of Birth, (Street and Number) 1704 Byrd Street
5. Full Name of Mother, Mrs. P. F. Kaunitz
6. Mother's Maiden Name, Clara Scheiffele
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul F. Kaunitz
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Eliza Brookes

Address, 1828 Light Street

Remarks, Doug Hall

8960003933

Wm. J. C. Dulany Co., City Printers and Stationers.

Upon receipt of this blank, filled out and signed by the practitioner in the form of a certificate between the lines and according to the directions given, the person in charge of the house in which the birth of any child shall occur without the use of a physician or midwife, or if there be no person in charge of such house, then the parent or parents of such child, shall report its birth to the Commissioner of Health, in the manner and within the time prescribed by section ... of the Ordinance of ... and shall deliver, duly signed, to the person ... shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-24-66

RETURN OF A BIRTH. 76530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name [redacted] John Henry Heil

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 15, 1896.
4. Place of Birth, (Street and Number) 216 Dillwood ave
5. Full Name of Mother, Augusta Heil.
6. Mother's Maiden Name, Kelch.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Henry Heil.
9. Father's Occupation Butcher.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Allen H. Whitehill M.D.

Address, 291 Chestnut ave.

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate (if any child is born attended by a practitioner), or by the father or mother of such child, or in case the birth occurs in a public institution, by the person in charge thereof, within ten days after the birth shall occur without the attendance of a physician or practitioner, or in case the birth occurs in a public institution, by the person in charge thereof, within ten days after the birth shall occur without the attendance of a physician or practitioner or in case the birth occurs in a public institution, by the person in charge thereof, it shall be the duty of the person or parents of such child to report its birth, immediately, to the Commissioner of Health, in the manner and within the period above required, and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 18/1896.
4. Place of Birth, (Street and Number) 1916. Wilhelm St.
5. Full Name of Mother, Lillian J. Temple
6. Mother's Maiden Name, —
7. Mother's Birthplace, Balto. County
8. Full Name of Father, Geo. Nally
9. Father's Occupation, Plumber
10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other person who makes this Return, Hugo F. Filippino

Address, 1815. W. Pratt St.

Remarks,

8960003935

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth.* August 18 1896
4. *Place of Birth, (Street and Number)* 119 Calendar Alley
5. *Full Name of Mother,* Annie Meyers
6. *Mother's Maiden Name,* L. Herman
7. *Mother's Birthplace,* Pittsburg
8. *Full Name of Father,* Joseph Meyers
9. *Father's Occupation* roller
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Annie E. Fabritzer M.D.

Address, 725 Mulberry street

Remarks,

8960003936

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 76533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	8 August 1896
4. *Place of Birth, (Street and Number)*	123 West Randall Street
5. *Full Name of Mother,*	Mrs Brodt
6. *Mother's Maiden Name,*	Mrs. Matthias
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	August Brodt
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. Brooks
Address,	828 Light Street
Remarks,	Living Well

8 9 6 U 0 0 3 9 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...ion is required to state the full name and occupation of its parents, the date and place of birth, and the ...been conferred), the sex, color, and number of such child, and whether the child was still-born or ...delivered. Any signed by the practitioner in the form of a certificate herein provided, stating the ...said school of medicine, and every month to the office of the Commissioner of Health, or should no other person be in ...birth of any child ...attendance upon the mother, immediately after the birth of such child, to report the same to the Commissioner of Health, in the manner and within the time above specified, and ...shall occur without the attendance of a physician, then it shall become the duty of the person or parents of such ...child to report the same to the Commissioner of Health, in the manner and within the time above specified, and ...every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or ten (10) dollars, for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Wilbur Raymond Cornelius

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19 Aug - 1916
4. Place of Birth, (Street and Number) 917 E. Eager St
5. Full Name of Mother, Ida Cornelius
6. Mother's Maiden Name, Ida Bahnsen
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Preston Cornelius
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Burk midwife

Address, 917 E. Eager St.

Remarks,

B 9 6 0 0 0 3 9 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Compiler's Note: Section 2, Article 43, Annotated Code of Public General Laws of Maryland, 1924 Supplement, requires the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child said obstetrician shall not be delivered, duly signed by the practitioner in attendance, or the person acting as midwife, or the parent or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report to the Health Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, to convey with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 20, 1896.
4. Place of Birth, (Street and Number) 271 Hickory ave.
5. Full Name of Mother, Mary Ann Shipley.
6. Mother's Maiden Name, Morrow.
7. Mother's Birthplace, Pa.
8. Full Name of Father, Theodore H. Shipley.
9. Father's Occupation Laborer.
10. Father's Birthplace. Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8960003939

Wm. J. C. Dulany Co., City Printers and Stationers.

...such eclectic shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child ...every month to the physician or practitioner in the duty of the person or persons required, and ...third day of each month, and every month thereafter, a similar return for each and every case ...occur without the attendance of a physician or practitioner, it shall be the duty of the person ...attendance upon the mother, the Commissioner of Health to comply with the provisions of this section shall be sub- ...child to report the birth in the manner and within the time prescribed in this section shall be sub- ...any such person who shall have failed, refused or neglected to comply with the provisions of this section shall be ...jected to the penalties and forfeitures are recoverable, so he recovered as other fines and forfeitures are recoverable. ...not less than five (5) nor more than ten (10) dollars for each offence, so he recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 Agustii 1896
4. Place of Birth, (Street and Number) 221 Regester St
5. Full Name of Mother, Helge Solsten
6. Mother's Maiden Name, Helge Ras
7. Mother's Birthplace, Nobrigen Europ
8. Fult Name of Father, Fred Solsten
9. Father's Occupation Marner
10. Father's Birthplace, Norwegen Europ

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 504 S Washington St

Remarks,

+ 8 9 6 U 0 0 3 9 4 0

been centered) to sex, color, &c., a blank form will be furnished him in the form of a certificate between the first and second schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child third day of each and every month to the officer or practioner of midwifery, or should no other person of such shall occur without the attendance of a physician or practioner of midwifery, or should no other person of such attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3/12/66

RETURN OF A BIRTH. 76587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: VIOLET ~~ALBERTA~~ CALLIGAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	August 20, 1896.
4. Place of Birth, (Street and Number)	928 Hampden ave.
5. Full Name of Mother,	Mary Elizabeth Calligan.
6. Mother's Maiden Name,	Abbott.
7. Mother's Birthplace,	Washington, D.C.
8. Full Name of Father,	George Calligan.
9. Father's Occupation	Shoulder.
10. Father's Birthplace,	Va.
Name of Medical Attendant, or other person who makes this Return,	Edwin H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

8960003941

said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur without the limits of the City, and the same be not reported within the period above required, and such child be brought within the limits of the City, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, 20th August 18

4. Place of Birth, (Street and Number) 3225 E Eliot st.

5. Full Name of Mother, Augusta Eckardt

6. Mother's Maiden Name, Lehrens

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Upcam Eckardt

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs P. Liersemann.

Address, 2922 E Eliot

Remarks,

1896000 3942

said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person above required, and every such person who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

230.]

RETURN OF A BIRTH. 76539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th August 1896
4. Place of Birth, (Street and Number) 1621 E. Lizzie Lane
5. Full Name of Mother, Virginia Benton
6. Mother's Maiden Name, Virginia Barter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Benton
9. Father's Occupation Ship Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Eliz. Brooks

Address, 1823 Light Street

Remarks, Living Well

B 96 0 0 0 3 9 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 20/96
4. Place of Birth, (Street and Number) 2228 Orleans St.
5. Full Name of Mother, Marian Adams
6. Mother's Maiden Name, " Fleming
7. Mother's Birthplace, Scotland
8. Full Name of Father, Geo. W. Adams
9. Father's Occupation Engineer
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, Mrs. Dershofer

Address, 241 S. Washington St.

Remarks,

8960003944

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, including the child last born, and said schedule shall be delivered, duly filled up, by the practitioner in the form of a certificate to the parent of any child said schedule shall be delivered, duly filled up, by the practitioner in the form of a certificate to the parent of any child born of such attendance, or if there be no such practitioner, then by the person in charge of such attendance upon the mother, immediately upon the birth of such child, and it shall be the duty of such practitioner or person in charge of such attendance upon the mother, immediately thereafter to transmit said schedule to the office of the Commissioner of Health, in the manner and within the period of time prescribed by the Board of Health; and if any practitioner or person in charge of such attendance shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether male or female) Male, White
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 21st 1896
4. Place of Birth, (Street and Number) 621 N. Central Ave
5. Full Name of Mother, Nettie Kaufman
6. Mother's Maiden Name, Kaufman
7. Mother's Birthplace, Germany
8. Full Name of Father, Solomon Kaufman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer M.D.

Address, 1439 N. Central Ave.

Remarks,

8960003945

Wm. J. C. Dulany Co., City Printers and Stationers.

Certificate shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of a child occurs in an institution, or where no physician or midwife, or other person or parents of such child to report its birth to the Commissioner of Health, he shall within the period above required, send a certificate upon the mother, Commissioner of Health, in the manner and with the provisions of this section shall be recoverable from any such person or persons who shall hereafter fail to comply with the same. All fines and forfeitures so recoverable, subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, and to pay a fine of ten dollars to the Commissioner of Health. In case the birth of any child shall occur without the limits of a city, town or village where there is a physician or practitioner of midwifery, or the person or parents of such child reside more than two miles from the nearest place where such physician or practitioner resides, the mother, immediately thereafter, in the manner and within the period above required, and the father or person in charge of the mother, within ten days after the birth, shall report its birth to the Commissioner, and any such person or persons who shall wilfully neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. th

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21. August 1896.
4. *Place of Birth, (Street and Number)* 3005 E. Boston st.
5. *Full Name of Mother,* Amalia Paschka.
6. *Mother's Maiden Name,* Rentkowska
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Andrew Paschka
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs P Liszmann.

Address, 2722 Elliot st.

Remarks,

8 9 6 U 0 0 3 9 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 76543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 21. 1896
4. Place of Birth, (Street and Number) 1406. Barclay St
5. Full Name of Mother, Emma Loyd
6. Mother's Maiden Name, " Gray
7. Mother's Birthplace, Maryland
8. Full Name of Father, Chas. Loyd
9. Father's Occupation, Waiter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. H. G. Prentiss M. D.

Address, 899 Council Ave.

Remarks,

8960003947

been conferred) the sex, color, the full name and occupation of the father of a certificate between the first and said schedule shall and every month to the office of the Commissioner of Health. In case the birth occurs in the city of Baltimore, the attendance at the birth of the child, or if there be no such attendance, then the person in charge of the house in which the birth occurs, or the parents of such child, if living in the house, shall report the birth within the period above required, and attendance upon the mother, the Commissioner of Health, in the manner and form prescribed by him, and shall also report the name of the child, if named, and the sex, color and parentage of such child, and the full name and occupation of the father, if known. Any person who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than one hundred dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 76544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girls Twins
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 August
4. Place of Birth, (Street and Number) 1806 Federal st
5. Full Name of Mother, Marie Thiemeyer
6. Mother's Maiden Name, Hubel
7. Mother's Birthplace, Balt.
8. Full Name of Father, Henri Thiemeyer
9. Father's Occupation machinist
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Caxhal Av.

Remarks,

8960003948

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 8. And be it further enacted, That it shall be the duty of each and every midwife to report to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person in charge of such child or with whom such child may be within the period above required, and in like manner upon the mother, immediately after she shall be able to make such report, to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be observable. Sec. 9. And be it further enacted, That any person who shall hereafter fail to report the birth of any child as required by this ordinance, or who shall hereafter fail to make any other return required by this ordinance, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five (5) dollars nor more than ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female). ~~Boy~~ girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 August
4. Place of Birth, (Street and Number) 1224 Eager st
5. Full Name of Mother, Minnie Thamelen
6. Mother's Maiden Name, Minnie Langmandel
7. Mother's Birthplace, Ball
8. Full Name of Father, John Thamelen
9. Father's Occupation
10. Father's Birthplace, Ball.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 E Central Ave.

Remarks.

8960003949

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 5. Be it further ordained, That it shall be the duty of every physician, midwife, or other person in attendance upon any birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person in whose house or tenement such birth shall occur, to report the same to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 76546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 23, 1896.
4. Place of Birth, (Street and Number) 400 Cold Spring Lane
5. Full Name of Mother, Florence Estella Hardesty.
6. Mother's Maiden Name, Johnson.
7. Mother's Birthplace, Md.
8. Full Name of Father, George Washington Hardesty.
9. Father's Occupation, Cashier Postal Telegraph Co.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Nicholas M.D.

Address, 291 Chestnut ave.

Remarks. —

8960003950

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the first case, or some person present at the birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner, or should no other person be in attendance with like duty, the person present at the birth shall become the duty of the person or persons present, and shall occur upon the mother, immediately thereafter, in the manner and within the time prescribed in this section shall be subject to the same penalties as are herein provided for the neglect of the parent. Any person who shall fail to report the birth of any child in the manner and within the time prescribed in this section shall be subject to the fine of ten dollars for each offence. In case the birth of any child shall occur upon the mother, immediately thereafter, in the manner and within the time prescribed in this section shall be subject to the same penalties as are herein provided for the neglect of the parent. Any person who shall fail to report the birth of any child in the manner and within the time prescribed in this section shall be subject to the fine of ten dollars for each offence. In case the birth of any child shall occur without the presence of a physician or practitioner, or should no other person be in attendance with like duty, the person present at the birth shall become the duty of the person or persons present, and shall be delivered, duly signed by the practitioner in the first case, or some person present at the birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner, or should no other person be in attendance with like duty, the person present at the birth shall become the duty of the person or persons present, and shall be delivered to the office of the Commissioner of Health, and forfeitures are recoverable. In case the birth of any child shall occur without the presence of a physician or practitioner, or should no other person be in attendance with like duty, the person present at the birth shall become the duty of the person or persons present, and shall be delivered, duly signed by the practitioner in the first case, or some person present at the birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner, or should no other person be in attendance with like duty, the person present at the birth shall become the duty of the person or persons present, and shall be delivered to the office of the Commissioner of Health, and forfeitures are recoverable.

RETURN OF A BIRTH. 76547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 23 1896
4. Place of Birth, (Street and Number) 113 Front St
5. Full Name of Mother, Rebecca Briskman
6. Mother's Maiden Name, Rebecca Butcher
7. Mother's Birthplace, Russia
8. Full Name of Father, Jack Briskman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 27 Floyd St

Remarks,

8960003951

said schedule shall be delivered, duly signed by the practitioner in the case of a birth attended by a physician or midwife, and by the father or mother in every other case of the birth of any child within ten days after such birth, to the office of the Commissioner of Health; and should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of such office to cause the same to be made out in the manner and within the time prescribed in this section, and the father or mother of such child, if able, shall be liable to a penalty of fifty dollars, and the physician or midwife in attendance upon the mother, immediately thereafter, shall be liable to a like penalty for each offence, unless such physician or midwife shall report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section, and the father or mother hereafter fail to comply with the provisions of this section shall be subject to the like penalty of fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, August 23 1896
4. Place of Birth, (Street and Number) No 1419 McHenry St
5. Full Name of Mother, Mary Holtzizen
6. Mother's Maiden Name, Dorr.
7. Mother's Birthplace, Pennsylvania,
8. Full Name of Father, Charles Holtzizen
9. Father's Occupation, Farmer
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Jas. A. Sanderlin M.D.

Address, No 721 Columbia Ave

Remarks,

8960003952

Wm J C. Dulany Co., City Printers and Stationers.

286.]

GIVEN NAME ADDED 7-24-55 76549

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rosalind Eleanor ~~———~~ Ramsey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23rd August 1896
4. *Place of Birth, (Street and Number)* 112 West Henrietta Street
5. *Full Name of Mother,* Elizabeth Ramsey
6. *Mother's Maiden Name,* Elizabeth Weaver
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Ramsey
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1828 Light Street

Remarks, Doing Well

8960003953

month, and shall set forth as far as the same can be [illegible] the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23rd August 1896
4. Place of Birth, (Street and Number) 83½ Sharp Strut
5. Full Name of Mother, Bugoada Badenstein
6. Mother's Maiden Name, Bulgoada Miller
7. Mother's Birthplace, Germany
8. Full Name of Father, Jonas Badenstein
9. Father's Occupation Bayer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Chas Brooks

Address, 182 Light Strut

Remarks, Long Hill.

8960003954

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 76551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 23 96

4. Place of Birth, (Street and Number) 234 N Wolfe St

5. Full Name of Mother, Emma Lynch

6. Mother's Maiden Name, Baker

7. Mother's Birthplace, Md

8. Full Name of Father, Edward Lynch

9. Father's Occupation, Stevedore

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary A Wiese

Address, 1521 E Bal

Remarks,

8960003955

Murphy & Co., City Printers and Stationers.

Parents, the date of the first day of each and every month to the Office of the Commissioner of Health, or to such other person certificate between the first and tenth days of each month, and the Physician or practitioner of midwifery or parents of such child is to be in attendance, the Physician or practitioner shall be entitled to a fee of fifty cents for each birth certificate required, and any such Physician or practitioner who shall neglect or refuse to make such report, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

16]

RETURN OF A BIRTH. 76552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 22/96
4. Place of Birth, (Street and Number) S. W. Castle Str.
5. Full Name of Mother, Annie E. Ernst
6. Mother's Maiden Name, " " Schweizer
7. Mother's Birthplace, Germany
8. Full Name of Father, Konrad Ernst
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Leisenhofer

Address, 241 S. Darlington St.

Remarks,

84 0 0 0 0 3 9 5 6

been concerned, his sex, color, the full name and residence of the parents, and such other facts as are required by law to be stated in the form of a certificate between the first and third day of each and every month, on the blanks furnished by the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed, to the Registrar of Births, or other person who shall be appointed by the Commissioner of Health to receive the same, within the period above required, and shall occur upon the mother, immediately thereafter. It shall become the duty of the person in attendance upon the mother, immediately after the birth of such child to report its birth to the Commissioner, and within the period above required, and failure to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 23 96
4. Place of Birth, (Street and Number) 1602 Lemmon St.
5. Full Name of Mother, Maggie Shipley
6. Mother's Maiden Name, Maggie Heller
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, Henry C Shipley
9. Father's Occupation Painter
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, A Polk

Address, 2038 Madison av

Remarks, 8960003957

Wm. J. C. Dulany Co., City Printers and Stationers.

been committed. Sexes, Colors, &c., required by the practitioner in the form of a certificate between last and next birthdays, shall be delivered, duly signed, at the office of the Commissioner of Health, or such other person as said Commissioner may designate, within the first ten days of each and every month, a physician or practitioner of the city of the person or persons of such attendance upon the birth of any child, from whom he shall have received no certificate of such birth, and shall forward its birth to the Commissioner of Health, in the manner and within the period of time specified in any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 August 1896
4. Place of Birth, (Street and Number) 1926 Carter av
5. Full Name of Mother, Dora Reider
6. Mother's Maiden Name, Dora Tresi
7. Mother's Birthplace, Baltimor M D.
8. Full Name of Father, Welle Reider
9. Father's Occupation Lauber
10. Father's Birthplace, Baltimor M D.

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address. 504 S Washington St

Remarks,

1896000 3958

Wm. J. C. Dulany Co., City Printers and Stationers.

been completed, is to be delivered, duly signed by the practitioner in the form of a certificate between the 1st and 5th days of each month to the office of the Commissioner of Health. Failure to report the birth of any child said schedule shall be delivered every month to the office of the Commissioner of Health. Failure to report the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth as required by law, and in default of the attendance of a physician or midwife, and in default of such report in the manner and within the period above required, said parent or person shall be liable to a penalty of Ten Dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such parent or person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76555

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 24th 1896

4. Place of Birth (Street and Number) 533 Wisgwith St

5. Full Name of Mother Lilly Shulman

6. Mother's Maiden Name Herman

7. Mother's Birthplace England

8. Full Name of Father Jake Shulman

9. Father's Occupation Tailor

10. Father's Birthplace Russia

Name of Medical Attendant, or other Person who makes this return James J. Bell M.D

Address 314 N Eutaw St

Remarks

8960003959

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians are required to report at the Office of the Registrar of Vital Statistics the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

236.]

RETURN OF A BIRTH. 76556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male George C.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24th August 1896
4. *Place of Birth, (Street and Number)*	1221 William Street
5. *Full Name of Mother,*	Saddie Langwill
6. *Mother's Maiden Name,*	Saddie Abby
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Langwill
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elmer Brooks
Address,	1828 Light Street
Remarks,	Dang Well

1896 0003960

month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth, and the sex, color, full name and residence of the practitioner in the form of a certificate between the first and third days of each month, and if no practitioner was present at the birth of any child born in said city during said month, then the same shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth occurs in the absence of the attendance of a physician or practitioner in the city of the person or parents of such child, or without the attendance of a physician or practitioner in the city of the person or parents of such child, or without the attendance upon the mother, immediately before and after the birth, of any person, it shall be the duty of the father, or in his absence, the mother, and within the period above required, and any such person who shall neglect or refuse to make such return as aforesaid, shall be liable to the penalty subjected to the same or less than ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76557

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	August 24th 1896
4. *Place of Birth (Street and Number)*	1206 Jackson st
5. *Full Name of Mother*	Julia M. Finn
6. *Mother's Maiden Name*	" Kelly
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Alexander C. Finn
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this return	Jane J. Breckenridge M.D.
Address	814 N. Exeter St
Remarks	

8960003961

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ge at the date of such return, distinctly the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their plural condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 76558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) mulatto
3. Date of Birth, 25 Aug
4. Place of Birth, (Street and Number) 514 N. Wright St
5. Full Name of Mother, Mary Ida Meyers
6. Mother's Maiden Name, Mary Ida Franklin
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Meyers
9. Father's Occupation Contractor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wm J Barth Heidenfeld

Address, 1411 E. Eager St.

Remarks,

This child has been conferred (its sex, color, the full name and occupation of its parents, &c., as stated in the foregoing certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child shall occur within said time, and no physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as herein required, and any such person or persons neglecting or failing to comply with the provisions of this section shall be subjected to the fine often (ten) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

8960003962

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 25 '96
4. Place of Birth, (Street and Number)	1002 East Cas
5. Full Name of Mother,	Viola M Moore
6. Mother's Maiden Name,	Samuels
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Thos H Moore
9. Father's Occupation	Baker
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return,	Wm Pearce
Address,	1002 East Cas
Remarks,	

8960003963

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 76560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 25th 1896
4. Place of Birth, (Street and Number) 1404 N. Broadway
5. Full Name of Mother, Caroline Hillegeist
6. Mother's Maiden Name, " McCloskey
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Henry L. Hillegeist
9. Father's Occupation Steel engraver
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby. M. D.

Address, 1219 N. Caroline st

Remarks.

B 76 0 0 0 3 9 6 4

been conferred) its sex, color, the full name and occupation of the parents, and such other facts as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such child have neglected to apply to the Commissioner of Health, to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 25th 1896
4. Place of Birth, (Street and Number) 137 Harford ave
5. Full Name of Mother, Margaret E. McManus
6. Mother's Maiden Name, Tinsley
7. Mother's Birthplace, Va
8. Full Name of Father, Morton J. McManus
9. Father's Occupation Stone Cutter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Geo Reynolds

Address. 711 N Calvert

Remarks,

8960003965

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon such birth, the parent or parents, or in the absence of both parents, the householder or owner of the premises where such birth occurs, shall become the duty of the person in charge of the premises where the birth occurs to report the same within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-9-58

RETURN OF A BIRTH.

76562

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Doris Davis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth August 23 1896

4. Place of Birth (Street and Number) 914 Linden Ave

5. Full Name of Mother Hannah Davis Goldman

6. Mother's Maiden Name

7. Mother's Birthplace Maryland

8. Full Name of Father Joseph Davis

9. Father's Occupation Tailor

10. Father's Birthplace Russia

Name of Medical Attendant, or other Person who makes this return Sam'l Bell M.D.

Address 31 N. Exeter St.

Remarks

8960003966

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...to be filled in by the Physician or Midwife in attendance upon the case within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

SAFETY FILM KODAK

RETURN OF A BIRTH. 76563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 August
4. Place of Birth, (Street and Number) 724 Bond st.
5. Full Name of Mother, H Lilie Waldhauser
6. Mother's Maiden Name, Bakzer
7. Mother's Birthplace, Balt.
8. Full Name of Father, Michel Waldhauser
9. Father's Occupation, Taylor
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. East Avenue

Remarks,

B 9 6 U ; 0 3 9 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 3. Be it further ordained, That it shall be the duty of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter to call upon the person or parents of such child, in any such case, to furnish the information required by this section, and it shall be the duty of such person or parents to furnish the same within the time above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to any such person or persons who shall hereafter fail to comply with the other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76564 (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 be

1. Sex, (state whether male or female) Female Lillian Christine

2. Race or Color, (if not of the white race) Whit

3. Date of Birth, 25 Aguste 1896

4. Place of Birth, (Street and Number) 2118 Canton Av

5. Full Name of Mother, Lesi Treger Elisabeth Traeger

6. Mother's Maiden Name, Lesi Masborger Elisabeth Moersberger

7. Mother's Birthplace, Baltimor M.D.

8. Full Name of Father, Jahn Tregere John Traeger

9. Father's Occupation, Backer

10. Father's Birthplace, Baltimor M.D.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

1 8 9 6 0 0 0 3 9 6 8

Wm. J. C. Dulany Co., City Printers and Stationers

61

RETURN OF A BIRTH. 76665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 25 96
4. Place of Birth, (Street and Number) 418 E. Montford Ave.
5. Full Name of Mother, Annie Steinmeister
6. Mother's Maiden Name, Gallagher
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Steinmeister
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Heinenhofer

Address, 241 S. Washington St.

Remarks,

8960003969

Every certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or midwife having charge of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 25/96
4. Place of Birth, (Street and Number) 3002 Hudson Str.
5. Full Name of Mother, Augusta Lurtz
6. Mother's Maiden Name, " Bruno
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jos. Lurtz
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Thos. Deuenhofer

Address, 241 S. Washington St.

Remarks,

8960003970

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	August 26, 1896.
4. Place of Birth, (Street and Number)	Park St. (Darley Park)
5. Full Name of Mother,	Frances Jeanette Garrick.
6. Mother's Maiden Name,	McConnico.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	John T. Garrick.
9. Father's Occupation	Engineer.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Nitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

6960003971

Every day of birth and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars above required; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. June 27 46

4. Place of Birth, (Street and Number) 702 First Ave

5. Full Name of Mother, Nora A Cowell

6. Mother's Maiden Name, " " Lowell

7. Mother's Birthplace. Howard Co Md.

8. Full Name of Father, Wm A Cowell

9. Father's Occupation Mill hand

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Wm A F Seaman

Address, 102 Chestnut Ave

Remarks.

5960 03972

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race)
3. Date of Birth, 27th August
4. Place of Birth, (Street and Number) 2072 Elliot st
5. Full Name of Mother, Minnie Hartenstein.
6. Mother's Maiden Name, Heidenreich
7. Mother's Birthplace, Russland
8. Full Name of Father, Heiman Hartenstein
9. Father's Occupation Barber
10. Father's Birthplace, Russland

Name of Medical Attendant, or other person who makes this Return, Mrs P Liebermann.

Address, 2922 Elliot st

Remarks,

8 9 6 0 0 0 3 9 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Rule 8. It shall be the duty of every midwife, or other person who shall attend upon any birth, to report the same to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the householder or other person in charge of the premises where such birth occurs within the first ten days after the occurrence thereof, to report the same to the Commissioner of Health, in the manner and form required, and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Rule 9. It shall be the duty of every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the householder or other person in charge of the premises where such birth occurs within the first ten days after the occurrence thereof, to report the same to the Commissioner of Health, in the manner and form required, and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, 27 August 1896.
4. Place of Birth, (Street and Number) 1214 Zatt en-enue.
5. Full Name of Mother, Martha Schmitt.
6. Mother's Maiden Name, Martin.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Johan. Schmitt.
9. Father's Occupation Bäckermeist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Leerssmann.

Address, 2922 E. Eliot st.

Remarks,

8960003974

Said schedule shall be delivered, duly signed by the Physician, Midwife or other person in attendance, to the office of the Commissioner of Health, in case the birth of any child occur without the presence of a physician or midwife, or should no other person in attendance perform the duty of the parent, it shall become the duty of the parent to cause the birth to be registered, and said schedule shall be delivered, duly signed by the parent, to the office of the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the Rule of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-24-57

RETURN OF A BIRTH 76571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Frederick Henry 2 Cliffe

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 27 1896
4. Place of Birth, (Street and Number) 312 S. Eden
5. Full Name of Mother, Ella Cliffe
6. Mother's Maiden Name, Hartman
7. Mother's Birthplace, Md
8. Full Name of Father, Harry Cliffe
9. Father's Occupation
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Geo B Fenwick

Address, 611 N Calvert

Remarks,

1896 0003975

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 7-8-35

RETURN OF A BIRTH. 76572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minnie Hazel ~~Cox~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIe

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 21. 1896
4. Place of Birth, (Street and Number) #814 Calverton Road.
5. Full Name of Mother, Minnie C. Cox
6. Mother's Maiden Name, Minnie C. Bowers.
7. Mother's Birthplace, Mount Sidney Va.
8. Full Name of Father, Turner L. Cox.
9. Father's Occupation, Life insurance agent.
10. Father's Birthplace, Shepherdstown W. Va.

Name of Medical Attendant, or other person who makes this Return, C. Lewis Barwick M.D.

Address, #2841 Rayner Ave.

Remarks.

B 26 U 3 3 9 7 6

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person in attendance upon the mother, immediately thereafter, be unable, from any cause, to make the return required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-23-56

RETURN OF A BIRTH. 76573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lydia Elizabeth Nickel III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 9/26
4. Place of Birth, (Street and Number) 14. N. Montford Ave.
5. Full Name of Mother, Elizabeth Nickel
6. Mother's Maiden Name, Volz
7. Mother's Birthplace, Balto.
8. Full Name of Father, Otto Nickel
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Heinhofer

Address, 241 S. Washington Ave.

Remarks,

B 7 6 U 0 0 3 9 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 5. It shall be the duty of the Commissioner of Health, in case the birth of any child born within the city of Baltimore shall occur without the attendance of a physician or practitioner of midwifery, and in case the parent or parents of such child or the person in charge of the house in which such birth shall occur shall neglect or refuse to report such birth to the Commissioner of Health, as required by this ordinance, within the period above required, and in case the mother, immediately thereafter, shall become and be attended by a physician or practitioner of midwifery, it shall be the duty of such attendant to report such birth to the Commissioner of Health, in the manner and within the period above required, and in case any person or persons who shall neglect or refuse to comply with the provisions of this section shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Queen

RETURN OF A BIRTH. 76574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Emma Reiss

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 August 1896
4. Place of Birth, (Street and Number) 522 Chapel St
5. Full Name of Mother, Mary (Reiss) Reiss
6. Mother's Maiden Name, Mary (Koch) Koch
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Nicholas (Reiss) Reiss
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks.

1896 003978

Wm. J. C. Dulany Co., City Printers and Stationers

Before the certificate between the first and second columns shall be signed by the practitioner in the form of oath, in case the birth of any child shall occur without the presence of a physician or midwife, or should no other person be in attendance at the birth, the father or mother of such child shall become the duty of the person or parents required, and neglect or refusal to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 29 96
4. Place of Birth, (Street and Number) 1901 Gough Str.
5. Full Name of Mother, Tillie Fritsch
6. Mother's Maiden Name, " Blacke
7. Mother's Birthplace, Balto
8. Full Name of Father, Julius Fritsch
9. Father's Occupation, Butcher
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm Diefenhofer

Address, 241 E Baltimore St

Remarks,

8960003979

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 76576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Martin Laurence McCormick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 29/96
4. Place of Birth, (Street and Number) Walbrook
5. Full Name of Mother, Catherine ~~Kate~~ (Alcommack) McCormick
6. Mother's Maiden Name, Catherine ~~Kate~~ Hasel
7. Mother's Birthplace, Balto
8. Full Name of Father, Martin (Alcommack) McCormick
9. Father's Occupation, Carriage Builder
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, ACPolw

Address, 2038 Madison av

Remarks, 1896 0003980

been conferred in sex, color, &c., shall be filed by the practitioner in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter, shall enumerate and within the period above required, and child to report its birth to the Commissioner of Health, such person or persons so offending shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Aug 29th 1896
4. Place of Birth, (Street and Number) 914 Little Pine St
5. Full Name of Mother, Mary Field
6. Mother's Maiden Name, Mary Nicholson
7. Mother's Birthplace, Nut River A A Co Md
8. Full Name of Father, John Field
9. Father's Occupation, Cart Driver
10. Father's Birthplace, Chestertown Md

Name of Medical Attendant, or other person who makes this Return, F. Pollack M.D.

Address, 1112 Eutaw St. North

Remarks, Child has complete hare lip and cleft palate [illegible] The cartilaginous portion of [illegible] the right half of the upper lip [illegible]

been conferred) its sex, color, the full name ... the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7/23/53

RETURN OF A BIRTH. 76578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hortense Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White (Asian)
3. Date of Birth, Aug 29 96
4. Place of Birth, (Street and Number) 845 N. Monday
5. Full Name of Mother, Stella Smith
6. Mother's Maiden Name, Stella Goldsmith
7. Mother's Birthplace, Balto
8. Full Name of Father, J. J. Smith
9. Father's Occupation Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A C Polk

Address, 2038 Madison Ave

Remarks, 5960003982

Wm. J. C. Dulany Co., City Printers and Stationers.

Each midwife shall be delivered, duly signed by the practitioner in the form as certified by the Commissioner of Health, a certificate of every birth at which she officiates, within the third day of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, then the householder it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 29th 1896
4. Place of Birth, (Street and Number) 929 Stiles St
5. Full Name of Mother, Sara Mannor
6. Mother's Maiden Name, Sara Feller
7. Mother's Birthplace, Russia
8. Full Name of Father. Herman Mannor
9. Father's Occupation, Boot maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, F. Pollack

Address, 1112 Eutaw St. North.

Remarks,

B 9 6 0 0 0 3 9 8 3

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

Every birth occurring within the limits of Baltimore City shall be reported to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the occurrence of such birth, and a certificate of such birth, signed by the practitioner in the first attendance upon the case, or by the father or mother of any child born without medical attendance, or by the householder in whose house any child is born, if the birth occurs elsewhere than in a house, or by the keeper of any lying-in asylum, or by the superintendent of any almshouse, infirmary or other institution in which any child is born, shall be delivered, or caused to be delivered, within said time to the office of the Commissioner of Health, or should no other person be in attendance within the time specified, the duty of the person in charge of such lying-in asylum, almshouse, infirmary or other institution shall become the duty of the physician or person in attendance upon the mother, immediately thereafter, to report the birth to the Board of Health, in the manner and within the period above required, and such person or persons as shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by such person or persons as shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 76580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 August 1896
4. Place of Birth, (Street and Number) 1115 East Pratt St
5. Full Name of Mother, Ella Silberman
6. Mother's Maiden Name, Ella Shanofsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Solomon Silberman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Jetta Blawarsky

Address, 1022 S Lee Lombard St

Remarks,

1896 003984

said offender shall be liable to a fine of the Commissioner of Health. In case the birth of any child said city of each and every month to the Commissioner of Health, by any physician or practioner of midwifery, or other person who shall occur without the attendance of either, such person shall within the period above required, and attendance upon the birth to the Commissioner of Health, shall comply with the provisions of this section, he shall Child to every person or persons who shall hereafter offend, to be recovered as other fines and forfeitures are recoverable. and every such person so failing to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 76581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 5 August 1876
4. Place of Birth, (Street and Number) 1715 N. Calvert Street
5. Full Name of Mother, George A. Hax Auguste Elise Hax
6. Mother's Maiden Name, Auguste Elise Wilkens
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George A. Hax
9. Father's Occupation, merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Steinhard

Address, 220 W. Madison Street

Remarks,

+ 8960 03985

Any midwife shall be delivered, duly signed by the practitioner in charge of the case, a certificate of the birth of any child said midwife shall have attended, within the first week of every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the occurrence of such birth, it shall become the duty of the person or parents of such child to report its birth as required by this section, and within the same period of time. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 76582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 4th 1896.
4. Place of Birth, (Street and Number) 507 N Washington st
5. Full Name of Mother, Hattie Baum
6. Mother's Maiden Name,
7. Mother's Birthplace, Gearmaine
8. Full Name of Father Frank Baum
9. Father's Occupation Lab'r
10. Father's Birthplace, Gearmaine.

Name of Medical Attendant, or other person who makes this Return, Mary Koptish

Address, 205 N Washington st

Remarks,

8960003986

said schedule shall be delivered daily, under the penalty of ten dollars for each offense, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance as required by this section, then it shall become the duty of the person or persons in charge of the house or premises where such birth occurs, immediately thereafter, to report said birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 8. 1898

4. Place of Birth, (Street and Number) 2 E Randall St.

5. Full Name of Mother, Lillie Bess Valentine

6. Mother's Maiden Name, " " Taylor

7. Mother's Birthplace, East Va

8. Full Name of Father, William H. Valentine

9. Father's Occupation Packer

10. Father's Birthplace, Portsmouth Va

Name of Medical Attendant, or other person who makes this Return, Kate L. C. Schatz M.D.

Address, 1107 Riverside

Remarks,

8960003987

Wm. J. C. Dulany Co., City Printers and Stationers.

Any midwife who shall be delivered, duly signed by the practitioner in the form of a certificate between the 5th and 10th days of each month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of such child, duly sign and deliver such certificate as shall become the duty of the person or persons in attendance upon the mother, immediately after the birth of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, shall be any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug. 8th 1896
4. Place of Birth, (Street and Number) 28 Albemarle st.
5. Full Name of Mother, Rosa Lipschultz
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Moses Lipschultz
9. Father's Occupation Tailor
10. Father's Birthplace. Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 E. Exeter st.

Remarks,

8960003988

Said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the office of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the same duty of the person required, and with the same penalty for neglect or refusal, shall become the duty of the person above required, and shall occur upon the mother, immediately after the birth, in the manner and with the penalty provided in this section shall be subject to report its birth to the Board hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug 9th 1896
4. Place of Birth, (Street and Number) 26 S. Exeter st
5. Full Name of Mother, Mary L Tuskey
6. Mother's Maiden Name, " Funk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daniel L Tuskey
9. Father's Occupation Police Officer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1896 0003989

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 76486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 5th Dec 1900
4. Place of Birth, (Street and Number) 1109 E Fayette St
5. Full Name of Mother, Mary Hanrahan
6. Mother's Maiden Name, Mary Dollard
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Joseph Hanrahan
9. Father's Occupation Oysterpacker
10. Father's Birthplace, Baltimore Md.
Name of Medical Attendant, or other person who makes this Return, Mrs. J. Faith Midwife.
Address, 1109 E Fayette St
Remarks,

1 8 9 6 U 0 0 3 9 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health, and shall contain the birth of any child delivered by such practitioner during the month next preceding, or should no other person be in attendance at the birth of any child born alive without the attendance of a physician or midwife, or should the person or parents of such child refuse to report its birth to the Commissioner of Health, in the manner and within the time herein specified, the person in charge of the premises where such child was born shall be required to report the birth to the Commissioner of Health, in the manner and within the time herein specified, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered; no other fines and forfeitures are recoverable.

61

RETURN OF A BIRTH. 76586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 9th 96
4. Place of Birth, (Street and Number) Balto University Maternite
5. Full Name of Mother, Lettie Waller
6. Mother's Maiden Name, "
7. Mother's Birthplace, Delaware
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Edw C Esslinger M.D.

Address, 1514 E Baltimore St.

Remarks, Illegitimate

8960003991

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected its sex, color, etc., duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health, in the manner and within the period of time prescribed in said schedule shall be delivered, mailed or otherwise transmitted to the office of the Commissioner of Health, or who till no other person be in attendance of a physician or practitioner, become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time prescribed in said schedule upon the mother, immediately thereafter, and every person who shall neglect, refuse or fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug. 10th 1896
4. Place of Birth, (Street and Number) 204 S. Exeter st.
5. Full Name of Mother, Lina Blechman
6. Mother's Maiden Name, " Brenner
7. Mother's Birthplace, Europe
8. Full Name of Father, Joel Blechman
9. Father's Occupation, Merchant
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8960003992

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 10th 1896

4. Place of Birth, (Street and Number) 831 E. Fort Ave.

5. Full Name of Mother, (Bertha M.) Rockmann

6. Mother's Maiden Name, " " Hallman

7. Mother's Birthplace, Germany

8. Full Name of Father, Emil A. C. Rockmann

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Robt. P. C. Pelesith M.D.

Address, 1858 Riverside Ave

Remarks, 8960003993

Wm. J. C. Dulany Co., City Printers and Stationers.

Said child shall be delivered, duly signed by the practitioner in the form of a certificate to be filed with the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be required by law to report the same, it shall become the duty of the person or persons with whom such child is left to report the same within the time specified above required, and attendance upon the mother, the Commissioner of Health, to the manner and provisions of this section shall be subject to the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 13th 1896
4. Place of Birth, (Street and Number) 1143 Low st.
5. Full Name of Mother, Rachel Bornstein
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Adler Bornstein
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st

Remarks,

8960003994

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 14th 1896
4. Place of Birth, (Street and Number) #9 N. Lee St Baltimore Md
5. Full Name of Mother, Ella S Johnson
6. Mother's Maiden Name, Ella S. Sutton
7. Mother's Birthplace, Hartford County N. Ca
8. Full Name of Father, Phillip H. Johnson
9. Father's Occupation Conductor
10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other person who makes this Return, Mrs. Ann Taylor

Address, #41 Gilford Alley

Remarks,

6760 3995

Said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur without the city limits, or elsewhere than at the residence of the mother, the said schedule shall be delivered within one month to the office of the Commissioner of Health, or should no other person be in attendance at the birth, the undertaker or other person who shall first be informed of such birth shall report the same within the period above required, and shall deliver the said schedule as above directed. If it shall become the duty of the undertaker to report the birth to the Commissioner of Health, in the manner prescribed by the provisions of this section, and such undertaker shall neglect or refuse to comply with the said provisions of this section, he shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug 16th 1896
4. Place of Birth, (Street and Number) 124 S. Exeter st.
5. Full Name of Mother, Margaret O'Mailey
6. Mother's Maiden Name, Fitzsky
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James O'Mailey
9. Father's Occupation Telegraph Operator
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter st.

Remarks,

B 960003996

Wm. J. C. Dulany Co., City Printers and Stationers.

6

RETURN OF A BIRTH. 76592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, Aug 18th 96.

4. Place of Birth, (Street and Number) Balto. University, Maternite

5. Full Name of Mother, Mary Smith

6. Mother's Maiden Name, "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, —

9. Father's Occupation —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Edw C. Esslinger M.D.

Address, 1514 E. Baltimore st.

Remarks, Illegitimate

8960003997

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected as aforesaid by the practitioner in the form of a certificate between the first and third day of each and every month, and the duty of the person or parents of such child to report its birth to the Commissioner of Health, as aforesaid, in the manner and within the period above mentioned, and any such person or persons who shall wilfully refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

7.893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 18th 1896

4. Place of Birth, (Street and Number) 1546 Woodyear St

5. Full Name of Mother, Alexia Wilson

6. Mother's Maiden Name, Alexia Lee

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Wilson

9. Father's Occupation Laborer

10. Father's Birthplace, Balto County

Name of Medical Attendant, or other person who makes this Return, Sarah E Tet

Address, 1617 Calhoun Street

Remarks, 1896003998

said midwife shall be delivered, duly signed by the person making the same, to the Registrar of Vital Statistics, in the office of the Commissioner of Health, within thirty days after the birth of any child to whom she may be in attendance; and every physician or practitioner in like duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and shall occur upon the mother, immediately after delivery, or after the birth of a child where a midwife shall be employed, it shall be the duty of such midwife to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug 20th 1896

4. Place of Birth, (Street and Number) 545 W. Hoffman st

5. Full Name of Mother, Louise Rhea Scott

6. Mother's Maiden Name, Louise Rhea Brown

7. Mother's Birthplace, Charles Co. Md

8. Full Name of Father, Walter Scott

9. Father's Occupation School Teacher

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] 534 E. Baltimore St.

Remarks,

8960003999

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 20, 1896
4. *Place of Birth, (Street and Number)*	615 Aisquith Son
5. *Full Name of Mother,*	Bridget G. White
6. *Mother's Maiden Name,*	Petticrew
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John J. White
9. *Father's Occupation*	Teacher
10. *Father's Birthplace.*	Ireland
Name of Medical Attendant, or other person who makes this Return.	J. F. Crouch, M.D.
Address,	
Remarks,	

1896 00040000

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 29, 1896
4. *Place of Birth, (Street and Number)*	1110 Hopkins Ave
5. *Full Name of Mother,*	Hannah M. McAllister
6. *Mother's Maiden Name,*	Eick
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Daniel McAllister
9. *Father's Occupation*	Marble-cutter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	J. Frank Branch, M.D.
Address,	
Remarks,	

8960004001

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug. 21st 1896
4. Place of Birth, (Street and Number) 1112 Lemut st.
5. Full Name of Mother, Rebeca Rosenfeld
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Morris Rosenfeld
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Ethel st.

Remarks,

8 9 6 U 0 0 4 0 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Physician, Midwife or other person in the form of a certificate between 24 hours and 5 days after the birth of any child shall schedule shall be delivered only to the physician or person in charge of the case, or to the parent or guardian of such child, or to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in charge of such child, the mother, immediately thereafter, in the manner and within the time required, and shall report its birth to the Commissioner of Health, in the manner and within the time required, and shall comply with the provisions of this section shall be subject to a fine of Ten Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Aug. 29, 1896.
4. *Place of Birth, (Street and Number)* 136 N. Broadway
5. *Full Name of Mother,* Leslie LeStrew
6. *Mother's Maiden Name,* Bowers
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Edward H. Astrew
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. J. Frank Crouch M.D.

Address,

Remarks,

1 8 9 6 0 0 0 4 0 0 3

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the name, residence and occupation of its parents, the date and place of birth; and the name, residence and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and residence of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly filled to the office of the Commissioner of Health. In case the child of such person be in third day of each and every month, and in default thereof, or if any such person be in default for the space of ten days after the birth of any such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall continue without the attendance of a physician or practitioner of medicine during the first ten days of such child's life, or in case of the absence from the city of the person or parents of such attendance upon the mother, immediately hereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable, subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained by inquiry, the date and place of birth; and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of any institution, the person in charge thereof shall report such birth within the period above required, and shall also report the name of the mother and the date of her admission. If a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of such attendant to report the birth to the Commissioner of Health as herein required, and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

76599

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 22, 1896
4. *Place of Birth, (Street and Number)*	1108 Hartford Ave
5. *Full Name of Mother,*	Mary A. Grammer
6. *Mother's Maiden Name,*	Cunningham
7. *Mother's Birthplace,*	Wm. E. Grammer
8. *Full Name of Father,*	Md.
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	J. F. Crouch M.D.
Address.	
Remarks.	

1 8 9 6 0 0 0 4 0 0 4

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto Aug. 23 1926
4. Place of Birth, (Street and Number) 904 E. Baltimore St. Balto
5. Full Name of Mother, Bessie Grollman
6. Mother's Maiden Name, Russia
7. Mother's Birthplace, Simon Grollman
8. Full Name of Father, Store Keeper
9. Father's Occupation Russia
10. Father's Birthplace, Alice Lena Barber
    Name of Medical Attendant, or other person who makes this Return, 416 E. York St
    Address,
    Remarks,

1 8 9 0 0 0 4 0 0 5

month, and shall set forth the name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child has been concealed, duly signed Certificate of the Commissioner of Jurisdiction, or should no other person of such shall occur without the attendance of a physician or practitioner, it shall become the duty of the person above required, and attendance upon the birth to the Commissioner of Health, in the manner and within the time above specified. Any child to report the birth to the Commissioner, or fail to comply with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascer[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 23 1896
4. *Place of Birth, (Street and Number)* 1619 Olym[illegible] St
5. *Full Name of Mother,* Beulah I. Wilson
6. *Mother's Maiden Name,* Harcourt
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Robert W. Wilson
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, J. F. Crouch, M.D.

Address, 1021 Aisquith

Remarks,

8 9 6 0 0 0 4 0 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male and Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 25th August. 96
4. Place of Birth, (Street and Number) 223 Harrison St.
5. Full Name of Mother, Fine Schneiderman.
6. Mother's Maiden Name, Fine Schtz.
7. Mother's Birthplace, Russia.
8. Full Name of Father, Abram Schneiderman.
9. Father's Occupation, taylor
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return. Clara Kasan.

Address, 7 Aberdeen St

Remarks.

8960004007

Wm. J. C. Dulany Co., City Printers and Stationers.

Said Schedule shall be delivered, duly signed by the practitioner (or other person) in attendance, to the Registrar of the district in which the birth occurred, within ten days after the birth, and a like Schedule shall be delivered in every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become and be the duty of such person to report the birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 25th 1896
4. Place of Birth, (Street and Number) 1540 Boyle pl.
5. Full Name of Mother, Lena Elliott
6. Mother's Maiden Name, " Metzger
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Elliott
9. Father's Occupation Poultry Dealer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Rott. C. C. Schiele M.D.

Address, 1458 Linden Ave.

Remarks,

1 8 9 6 0 0 0 4 0 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Each certificate of birth signed by the practitioner in the form of a certificate prescribed by the Board, shall be delivered, duly signed by the practitioner in charge, or in his absence by the nearest relative present at the birth of any child born in a house, to the office of the Commissioner of Health. If there be no such relative present, or if the birth occur elsewhere than in a house, the certificate shall be delivered, duly signed by the physician or practitioner in charge, or in his absence by the person in charge of the house, or by the nearest relative present, or if there be no relative present, then by the person in charge of the premises where the birth occurred, or by the nearest person present at the birth, or by the mother, immediately thereafter, in the manner and within the period above specified. Any physician or midwife who shall neglect or refuse to report such birth in the manner and within the period above specified, and any other person required by this section to report the birth of any child who shall neglect or refuse to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. Sex, (state whether male or female) Colored

2. Race or Color, (if not of the white race) 917 Forrest Street

3. Date of Birth, August 25th 1896

4. Place of Birth, (Street and Number) Hattie Coleman

5. Full Name of Mother, Hattie Emmons

6. Mother's Maiden Name, Baltimore City

7. Mother's Birthplace, Parish Saturday

8. Full Name of Father, Laborer

9. Father's Occupation Queen Annes County

10. Father's Birthplace, Jane Wood

Name of Medical Attendant, or other person who makes this Return, 913 Sterling Street.

Address,

Remarks,

8 9 6 0 0 0 4 0 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 7th 28. 1896.
4. Place of Birth, (Street and Number) 519 N Madeira st,
5. Full Name of Mother, Mary Pihlak
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemaine
8. Full Name of Father, Joseph Pihlak
9. Father's Occupation Lab'r.
10. Father's Birthplace, Bohemaine

Name of Medical Attendant, or other person who makes this Return, Mary Koptish

Address, 905 N Washington

Remarks,

69600040 10

Wm. J. C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or midwife, or should you or parents of such ...child desire to withhold the information required, you are requested to call the attention of the ...Commissioner of Health to the fact, that he may arrange with the provisions of this section, which are ...attendance upon the mother. The Commissioner of Health, is the sole judge of the necessity of such ...child to report the birth. Any physician, midwife or other person who shall neglect or refuse to ...any such report, or persons who shall hereafter fail to be recovered as other fines and forfeitures are recoverable. ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, August 19 1896

4. Place of Birth, (Street and Number) Johns Hopkins Hospital

5. Full Name of Mother, Ina Robeson

6. Mother's Maiden Name, Not married

7. Mother's Birthplace, Baltimore

8. Full Name of Father, —

9. Father's Occupation —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Geo. L. Dobbin M.D.

Address, The Johns Hopkins Hospital

Remarks,

8960004011

said schedule shall be delivered, duly signed by the practitioner in the form prescribed, to the Registrar of the district within which the birth occurred, within one week after the birth of any child born alive, and a certificate of attendance upon a stillborn child, in like manner and with like penalties, within one week after the day of the month to which the same relates. In case the duty of delivering such schedule or certificate of attendance upon a stillborn child shall devolve upon any physician or practitioner, and he shall neglect to perform such duty, he shall be subjected to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. In case the duty of delivering such schedule or certificate of attendance upon a stillborn child shall devolve upon any other person, and he shall neglect to perform such duty, he shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Aug 17 1896

4. Place of Birth, (Street and Number) John Hopkins Hospital

5. Full Name of Mother, Melinda Moore

6. Mother's Maiden Name,

7. Mother's Birthplace, Virginia

8. Full Name of Father,

9. Father's Occupation —

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr W Bob Williams

Address, The Johns Hopkins Hospital

Remarks,

5460004012

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 25th, 1896
4. Place of Birth, (Street and Number) 1711 Hope St
5. Full Name of Mother, Geisser, Barbara
6. Mother's Maiden Name, Miller, Barbara
7. Mother's Birthplace, Bavaria, Germ.
8. Full Name of Father, Geisser, David
9. Father's Occupation Cooper
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Geo. W. Jobkins M.D.

Address, Hopkins Hospital

Remarks,

8460004013

Wm. J. C. Dulany Co., City Printers and Stationers.

said school shall be delivered, daily as the case may be, by the principal thereof to the Health Officer of the City. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the parents of such child to report the particulars of such birth, in the manner and within the period above required, and any person or persons who shall refuse or neglect to comply with the provisions of this section shall be severally liable to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, August 28. 1896
4. Place of Birth, (Street and Number) 2156 Mc Elderry St.
5. Full Name of Mother, Elizabeth Travers
6. Mother's Maiden Name, Baldwin
7. Mother's Birthplace, Washington. D.C.
8. Full Name of Father, John Travers
9. Father's Occupation Brick maker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M.D.

Address. The Johns Hopkins Hospital

Remarks,

8960004014

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 29th, 1896

4. Place of Birth, (Street and Number) # 612 Bethel St.

5. Full Name of Mother, Josephine Johnson

6. Mother's Maiden Name, "

7. Mother's Birthplace, Washington, D.C.

8. Full Name of Father, William Toy

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Geo W. Dobbin M.D. Phys. Johns Hopkins Hospital.

Address,

Remarks, 8960004015

The record of birth and every month of a physician or midwife, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parent required, and if either or both fail to report its birth within the period above specified, and any such person refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY ▲ FILM | KODA

RETURN OF A BIRTH. 76612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug. 29th 1896
4. Place of Birth, (Street and Number) 26 Caroline st.
5. Full Name of Mother, Dena Katzen
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father Abraham Katzen
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Eutaw st.

Remarks,

8960004016

Wm. J. C. Dulany Co., City Printers and Stationers

made, altered its sex, colors the full name and occupation of the parent, in the form of a certificate between the first and third days of each and every month to the Physician or practioner of midwifery, or other person who shall have been concerned in the attendance upon such birth, to the office of the Commissioner of Health. In case there is no such person he is required to report the same immediately thereafter. It shall become and within the period above required, and shall occur without the attendance of a physician or midwife, the mother or the person or parents of such child (as the case may be) shall forthwith report the same to the Commissioner of Health. Any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

...month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the name (if any has been conferred) its sex, color, the full name and occupation of its parents. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 29 1896

4. Place of Birth, (Street and Number) 1528 Boyle St.

5. Full Name of Mother, Mary A. Foote

6. Mother's Maiden Name, " R. Ruhstock

7. Mother's Birthplace, Balto. City

8. Full Name of Father, George H. Foote

9. Father's Occupation Gram Gatherer

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, Robt. P. C. Schiede M.D.

Address, 1458 Riverside Ave.

Remarks,

8960004017

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 August 1896
4. Place of Birth, (Street and Number) 1813 Canton av
5. Full Name of Mother, Louisa Gletsmer
6. Mother's Maiden Name, Louisa Wetsell
7. Mother's Birthplace, Baltimor M.D.
8. Full Name of Father, Julius Gletsmer
9. Father's Occupation, Marner
10. Father's Birthplace, Germeni

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 Sot Washington St

Remarks.

8960004018

month, and shall set forth in full the name and occupation of its parents, the age and place of birth of each parent, the number of children born to the mother, and the number now living, and the full name and occupation of the father of the child; and shall also state whether a certificate between the first and ... been conferred; the sex, ... delivered, duly signed by the Practitioner in charge, or the Commissioner of Health. In case the birth of any child shall not be reported as aforesaid, then it shall be the duty of the Commissioner of Health to cause the birth of such child to be registered, upon the receipt of the information required by this section, and every midwife, or other person who shall wilfully neglect or refuse to report to the Commissioner of Health, in the manner and within the period above required, and every midwife or other person who shall wilfully neglect or refuse to report to the Commissioner of Health, in the manner and within the period above required, and shall knowingly or wilfully make any false report, or shall refuse or neglect to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable by law.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 August 1900
4. Place of Birth, (Street and Number) 611 East Lexington St
5. Full Name of Mother, Esther Fleyzberg
6. Mother's Maiden Name, Esther Rachmeth
7. Mother's Birthplace, Austria
8. Full Name of Father, Abey Fleyzberg
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Jetter Nawawsky

Address, 1023 East Lombard St

Remarks,

8960 004819

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the ... name, ... by the practitioner in charge of the case, or by the Commissioner of Health, in case no other person be in attendance upon such birth; and the Coroner shall be notified by the person or persons with whom the child shall be delivered, duly to sign the certificate of the Coroner of midwifery, or the person or persons with whom said child shall be delivered, duly to sign the certificate of the Coroner of midwifery, or the person or parents of said child, within ... days of each and every birth which shall occur within the period above specified, and in case of the absence of a physician, midwife or other person in attendance upon such birth, it shall become the duty of the parent or parents of said child to report the same to the Coroner. If such birth shall occur without the attendance of a physician, midwife or other person in attendance upon such birth, it shall become the duty of the parent or parents of said child to report the same to the Coroner. If such birth shall occur within the period above specified, and in case of the absence of a physician, midwife or other person in attendance upon such birth, it shall be the duty of the Coroner, immediately on the receipt of the information of the birth, to visit the house where such birth occurred, and to make the return required by the provisions of this ordinance. Any person or persons who shall hereafter fail to comply with the provisions of this ordinance shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 30th August.
4. *Place of Birth, (Street and Number)* 1237 Hull st.
5. *Full Name of Mother,* Susana Gorni
6. *Mother's Maiden Name,* Truschin
7. *Mother's Birthplace,* Carlsbad.
8. *Full Name of Father,* Josep Gorni
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs P. Liessemann.

Address, 2922 Elliott st

Remarks,

8960004020

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) F

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 30th 26
4. Place of Birth, (Street and Number) 228 N. Fester Ave
5. Full Name of Mother, Verna Collier
6. Mother's Maiden Name, Hudson
7. Mother's Birthplace, Virginia
8. Full Name of Father, Charlie Collier
9. Father's Occupation Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs. Deiss

Address, 241 S. Washing

Remarks,

S V E U 8 0 4 0 2 1

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 —

1. Sex, (state whether male or female) Male —
2. Race or Color, (if not of the white race) White —
3. Date of Birth, August 30 — 1896. —
4. Place of Birth, (Street and Number) 1405 W. Lanvale st.
5. Full Name of Mother, Mary M. Mc Cann —
6. Mother's Maiden Name, Knight —
7. Mother's Birthplace, Virginia —
8. Full Name of Father, Walter E. Mc Cann —
9. Father's Occupation, Editor —
10. Father's Birthplace, Balto - Md —

Name of Medical Attendant, or other person who makes this Return, R. H. Goldsmith, M. D.

Address, Harlem av. & Calhoun st.

Remarks,

5 9 6 U 0 0 4 0 2 2

attendance upon the mother, immediately thereafter shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverible

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 76619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Aug 30 - 9

4. *Place of Birth, (Street and Number)* 1905 E Preston

5. *Full Name of Mother,* Margaret P Barry

6. *Mother's Maiden Name,* " " McKew

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* John Barry

9. *Father's Occupation,* Track Boss

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary L Allwood

Address, 302 N Bond

Remarks,

1 0 9 6 0 0 0 4 0 2 3

As amended by Ordinance approved May 1, 1907.

It is obligatory upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by law, and any such person or persons who shall hereafter fail to comply with the provisions of this ordinance shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 76620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 31 96
4. Place of Birth, (Street and Number) 1716 Eastern Ave.
5. Full Name of Mother, Emilie Lorenz
6. Mother's Maiden Name, Brunsinger
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Lorenz
9. Father's Occupation Collector
10. Father's Birthplace. Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Heisenhofer

Address, 291 S Washington Ave.

Remarks.

8960004024

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 13. Be it further enacted, That any physician, or practitioner of midwifery, or should no other person be in attendance upon a birth, the nearest relative present, or parent, shall within ten days after such birth, furnish to the Commissioner of Health, in the manner and form as provided in this section, the information required by him concerning such birth, and shall make return thereof; and any person or persons who shall hereafter fail to make such return as herein required, and as required by the Commissioner of Health, in the manner and form as provided in this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 31. 1896.
4. Place of Birth, (Street and Number) 72 Clipper.
5. Full Name of Mother, Hannie Elizabeth Dorsey.
6. Mother's Maiden Name, Arnold.
7. Mother's Birthplace. Md.
8. Full Name of Father, Charles P. Dorsey.
9. Father's Occupation Cotton mill operative.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks.

5960004025

Wm. J. C. Dulany Co., City Printers and Stationers.

Attendance upon the mother, immediately thereafter, shall become the duty of the person or parents of such child to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to comply with the terms of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31st August
4. *Place of Birth, (Street and Number)* 316 South Carlin[illegible]
5. *Full Name of Mother,* Sarah Isaawitch
6. *Mother's Maiden Name,* Sarah Ayen
7. *Mother's Birthplace,* Pacraq
8. *Full Name of Father,* Ben Isaawitch
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Possille

Name of Medical Attendant, or other person who makes this Return, Jetta Klawansky

Address, 1025 E. Fairmount St.

Remarks,

8960C04026

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in conformity with the provisions of this section, and such person or parents shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 31, -96
4. Place of Birth, (Street and Number) 1211 Winchester Street
5. Full Name of Mother, Ella Virginia Knapp
6. Mother's Maiden Name, Ella Virginia Shoemaker
7. Mother's Birthplace, Cambridge, Maryland
8. Full Name of Father, Frederick Henry Knapp
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. J. A. Clement M.D.

Address, 530 N. Gilmor

Remarks,

1896 0004027

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 76624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon such birth, then the parent, or in case of the absence or inability of such parent, the person in charge of such premises where such birth occurs, shall within the period above required, and in the manner and to the Commissioner of Health above mentioned, report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Aug 31st 1896
4. Place of Birth, (Street and Number) #1911 Lehigh St
5. Full Name of Mother, Mrs. Bertha Schneider
6. Mother's Maiden Name, Miss. " Böckel
7. Mother's Birthplace, Hessen Germany
8. Full Name of Father, Peter Schneider
9. Father's Occupation Labor
10. Father's Birthplace, Bayern Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller

Address, #2008 N. Henry St.

Remarks,

1 8 9 6 0 0 0 4 0 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 31/96
4. Place of Birth, (Street and Number) 709 Scott St
5. Full Name of Mother, May A James
6. Mother's Maiden Name, Jane A Bayon
7. Mother's Birthplace, Penn
8. Full Name of Father, John L James
9. Father's Occupation, Brass Caster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Silas M Lumpkin MD

Address, 412 S Paca St

Remarks,

1896 0004029

shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance as aforesaid, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned; any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

W. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 31 1896

4. Place of Birth, (Street and Number) 2234 E. Balto. St

5. Full Name of Mother, Mary Belle Hamilton

6. Mother's Maiden Name, " " Kennard

7. Mother's Birthplace, Balto.

8. Full Name of Father, Andrew J. Hamilton

9. Father's Occupation Policeman

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, R. W. Mansfield M.D.

Address, 129 S. Broadway

Remarks,

1 8 9 6 0 0 0 4 0 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-10-57

RETURN OF A BIRTH. 76627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Delma

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 C hild

1. Sex, (state whether male or female) Femal
2. Race or Color, (if not of the white race) White
3. Date of Birth. Balto. Aug. 31/26
4. Place of Birth, (Street and Number) 618 E. Chase St.
5. Full Name of Mother, Mary Lipnic
6. Mother's Maiden Name, Mary Wolfe
7. Mother's Birthplace, Russia
8. Full Name of Father, Robert Lipnic
9. Father's Occupation Furniture Store
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Lena Barber

Address, 41 E York St Balto

Remarks,

8960004031

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the father, mother, householder, or other person in attendance upon the mother, immediately thereafter, to give notice of such birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time and in the manner required by law; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Femal
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	August 27 1896
4. *Place of Birth, (Street and Number)*	1821 Orrow Street
5. *Full Name of Mother,*	Eliza Carter
6. *Mother's Maiden Name,*	Eliza Peall
7. *Mother's Birthplace,*	Robert Ford of one Carter
8. *Full Name of Father,*	Driving
9. *Father's Occupation*	Prince George St.
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Sarah Pitland
Address,	1610 Vincent Street Balto. md.
Remarks,	

8960004032

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 3. Be it further ordained, That it shall be the duty of the person or persons in charge of any house, tenement or premises, or the agent of such person or persons, where any child is born, to report the birth of such child to the Commissioner of Health, in the manner and within the period of time prescribed in section 2 of this ordinance; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Miriam May Kolbe

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 6 - 96
4. *Place of Birth, (Street and Number)*	803 Greenmount ave.
5. *Full Name of Mother,*	Hettie Kolbe
6. *Mother's Maiden Name,*	Hettie Lange
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Henry Kolbe
9. *Father's Occupation*	Electrician
10. *Father's Birthplace,*	Balto. Co.
Name of Medical Attendant, or other person who makes this Return,	Harry Boyd
Address,	677 Columbia ave
Remarks,	

1896U004033

attendance upon the mother, immediately thereafter, it shall become the duty of the person who first has such attendance, or of the father, or of the mother, if able, to report the birth to the Commissioner of Health in the manner and with the particulars required; and any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person in charge of the house in which such birth occurs, or in which the mother is at the time of the birth, to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 13th 1896.
4. Place of Birth, (Street and Number) 1800 Forman St
5. Full Name of Mother, Winifort Schafer
6. Mother's Maiden Name, Winifort Dolan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Jacob Schafer
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Bavaria Germany

Name of Medical Attendant, or other person who makes this Return, D. M. D. Chatfell.

Address, 1351 Hylan St

Remarks,

8 7 8 0 0 0 4 0 3 4

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 76631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, August 19th 1896

4. Place of Birth, (Street and Number) No. 1400 Luzern st.

5. Full Name of Mother, Margaret Bogel.

6. Mother's Maiden Name, " Linsay

7. Mother's Birthplace, Virginia

8. Full Name of Father, Geo. M. Bogel

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Julia A. Groome

Address, No. 944 N. Gay St.

Remarks,

8 9 6 0 0 0 4 0 3 5

attendance upon the mother, immediately thereafter. It shall become the duty of the person in charge of any institution to which a child is brought within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

76632

RETURN OF A BIRTH. 76

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 26 - 96
4. Place of Birth, (Street and Number) Mt Hope
5. Full Name of Mother, Minnie McD Dorsey
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Baltimore
9. Father's Occupation
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mt Hope

Address,

Remarks,

1896 004036

Wm. J. C. Dulany Co., City Printers and Stationers.

Attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 25th 1896
4. Place of Birth, (Street and Number) No. 1623 W. Lelay St.
5. Full Name of Mother, Catherine Ruckel
6. Mother's Maiden Name, Gantz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George R. Ruckel
9. Father's Occupation, Plasterer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Julia A. Groome
Address, No. 944 N. Gay St.
Remarks,

8960004037

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ono. 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 25th 1896
4. Place of Birth, (Street and Number) No. 1013 Mc. Donough st.
5. Full Name of Mother, Minnie E. Roth.
6. Mother's Maiden Name, Walker.
7. Mother's Birthplace, Washington.
8. Full Name of Father, William H. Roth.
9. Father's Occupation, Cabinet maker.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Julia L. Groome

Address, No. 944 N. Gay st.

Remarks,

8960004038

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, William Francis Grimm

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 26th 1896
4. Place of Birth, (Street and Number) #43 Jackson str. Homestead
5. Full Name of Mother, Emma Adelaide Grimm
6. Mother's Maiden Name, Emma Adelaide Markert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Grimm
9. Father's Occupation Cake Baker
10. Father's Birthplace, New York City.

Name of Medical Attendant, or other person who makes this Return, J. Wm. H. Foster

Address, 1600 E Lanvale St.

Remarks,

1896000040 39

Wm. J. C. Dulany Co., City Printers and Stationers.

Attention is drawn to the penalties hereafter. It shall become the duty of the person or parents of each child born alive in the City of Baltimore, to make return of such birth to the Commissioner of Health, in the manner and within the time prescribed by this section, and any such person or persons who shall neglect, fail or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 76636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 24, 1896
4. *Place of Birth, (Street and Number)*	16 S. Gilmor St.
5. *Full Name of Mother,*	Minnie R. Hood
6. *Mother's Maiden Name,*	Griffith
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Alvin C. Hood
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	John Hood, 16 S. Gilmor St.
Address,	
Remarks,	Fine, healthy baby

8960004040

ance without the direction of the Health Officer, or his authorized agent, shall become the duty of the person or parents of such child to report its birth to the Registrar of Health. In the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

888. J. C. DALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 76637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Aug 22
4. Place of Birth, (Street and Number) 231 Long St
5. Full Name of Mother, Mollie Cook
6. Mother's Maiden Name, Mollie C Lowe
7. Mother's Birthplace, Md
8. Full Name of Father, J E Cook
9. Father's Occupation Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return J. O. Dunphin M.D

Address, Mt Auburn Hosp

Remarks,

1896 004041

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, shall forthwith report the birth to the Registrar of Vital Statistics of the city of the person or parents of such child to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d
1. Sex. (state whether male or female) Male
2. Race or Color. (if not of the white race) Colored
3. Date of Birth, August 30 th
4. Place of Birth, (Street and Number) 1306 Pulton St
5. Full Name of Mother, Mollie Thomas
6. Mother's Maiden Name. Ellis
7. Mother's Birthplace, Caroll County Va
8. Full Name of Father, Will[illegible] Thomas
9. Father's Occupation Laborer
10. Father's Birthplace, Penn Coun Va

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Johnson
Address, 704 Tyson st
Remarks,

8960004042

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife in attendance at a birth, and every physician, or midwife, or other person in attendance upon the mother thereafter, shall become liable to the penalties hereinafter provided, unless the person or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 30th
4. Place of Birth, (Street and Number) 551 W. Hoffman st
5. Full Name of Mother, Lottie Thomas
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas Jewett
9. Father's Occupation, Porter
10. Father's Birthplace, Balto city

Name of Medical Attendant, or other person who makes this Return, Mrs Annie Johnson

Address, 704 Lynn st

Remarks,

8960004043

Any physician or midwife in attendance at a birth, or person or practitioner in charge of an institution in which a birth occurs, or should no other person be in attendance upon the mother, immediately upon the birth of a child, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-16-55

RETURN OF A BIRTH 76640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Brainard Todd Briell, 1st.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 30th 1876.
4. Place of Birth, (Street and Number) 814 A Carrollton Ave.
5. Full Name of Mother, Florence E. Briell.
6. Mother's Maiden Name, Florence E. Todd.
7. Mother's Birthplace. Baltimore City.
8. Full Name of Father, Edward H. Briell.
9. Father's Occupation Baltimore City
10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return. J. Thos. L. Pennington M.D.

Address, 1716 Linden Ave

Remarks.

B 9600004044

Every birth must be reported to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practicioner of midwifery, of the person or parents of such child, it shall become immediately thereafter, it shall become and within the period above required, and child, it shall become immediately thereafter, it shall become and within the period above required, and shall then report its birth to the Commissioner. Failure to comply with the provisions of this section shall render any such person or persons who shall have failed to comply with the provisions of this section liable and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every midwife or physician shall, on or before the third day of each and every month, report to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practicioner of midwifery, of the person or parents of such child, it shall become immediately thereafter, it shall become and within the period above required, and shall then report its birth to the Commissioner. Failure to comply with the provisions of this section shall render any such person or persons who shall have failed to comply with the provisions of this section liable and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, August 4th ~~July~~ 1896
4. Place of Birth, (Street and Number) 820 East Preston Street
5. Full Name of Mother, Annie McK. Gilchrist
6. Mother's Maiden Name, Annie McK. Hall
7. Mother's Birthplace, England.
8. Full Name of Father, Thomas C. Gilchrist
9. Father's Occupation, Physician
10. Father's Birthplace, England and

Name of Medical Attendant, or other person who makes this Return. T.C. Gilchrist & W. Dobbin

Address, 820 E. Preston St. and Johns Hopkins Hospital

Remarks, Normal.

1896U004045

The above return the midwife immediately hereafter shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 76642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the city limits, and who shall become the duty of the person or parents of such child to report the birth in the manner and within the period above required, and shall refuse or neglect to furnish such information as may be in his, her or their possession, and may be required by law, or who shall willfully give false information, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 14 96
4. Place of Birth, (Street and Number) 30 Frisby st Waverly
5. Full Name of Mother, Mary A. McClain
6. Mother's Maiden Name, " " Chilcoat
7. Mother's Birthplace, Baltimore Co Md
8. Full Name of Father, William D. McClain
9. Father's Occupation Boiler Maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. R. L. Ramstein M.D.

Address, 811 Jefferson Ave Waverly

Remarks.

8960004046

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician, it shall become the duty of the person or parents of such child to report the birth, immediately thereafter, in the manner and within the period above specified, and attendance upon the mother, or for failure to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 23—96
4. Place of Birth, (Street and Number) 6 Gilmore lane Waverly
5. Full Name of Mother, Mary Donohue
6. Mother's Maiden Name, " Trainer
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick J. Donohue
9. Father's Occupation Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, R. G. Ramsein M.D.

Address, 811 Jefferson Ave Waverly

Remarks,

1896 0 0 0 4 0 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 27 — 96
4. Place of Birth, (Street and Number) 405 Calvin Ave Waverly
5. Full Name of Mother, Jennie Hayes
6. Mother's Maiden Name, " Collins
7. Mother's Birthplace, Baltimore Co Md
8. Full Name of Father, Earl H. Hayes
9. Father's Occupation Motorman
10. Father's Birthplace, Kentucky

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M.D.

Address, 811 Jefferson Ave Waverly

Remarks,

+ 5 7 6 U 0 0 4 0 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, January 27th 1896
4. Place of Birth, (Street and Number) 218 N Bethel St Balto Md
5. Full Name of Mother, Fannie Hess
6. Mother's Maiden Name, Fannie Hess
7. Mother's Birthplace, Eastern Shore Cambridge
8. Full Name of Father, Isaiah Hess
9. Father's Occupation Box factory Laborer
10. Father's Birthplace, Anne Arundel County Md.

Name of Medical Attendant, or other person who makes this Return, Georgiana B Tookis

Address 1757 E Monument St

Remarks, No remarks

18960004049

shall occur without the attendance of a physician, it shall become the duty of the person or parents of said child to report the birth to the Commissioner of Health, in the manner and within the time above required, and attendance upon the mother. Any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-27-58

RETURN OF A BIRTH. 76646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Jeannette Catharine Third Schacher

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 31st 96
4. Place of Birth, (Street and Number) Maiden Choice Lane
5. Full Name of Mother, Catharine Schacher
6. Mother's Maiden Name, Catharine Hartman
7. Mother's Birthplace, Germany
8. Full Name of Father, George Schacher
9. Father's Occupation Bottler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, W. P. Bangel

Address, 7191 Glen Ave

Remarks,

8960004050

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, the father of the child, or the person in charge of such house or tenement, shall within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 5/96
4. Place of Birth, (Street and Number) 2537 Salem St
5. Full Name of Mother, Mrs. Benj. Geo. Swan
6. Mother's Maiden Name, Miss Carrie Barbara Merty
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Benj George Swan
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Dr. L. Shockney

Address, 731 Cumberland St Balto

Remarks,

| 8960004051 |

Every Physician or Midwife in attendance upon any case of birth, or other person required by law to report the same, shall report to the officer of the Board of Health, in the district where the birth occurs, the facts required by this return, within the period of five days after the birth occurs. In case the birth of any child shall occur without the attendance of a physician or midwife, or if the physician or midwife in attendance shall be absent from the city, the mother, immediately after her confinement, shall become the informant, and within the period of five days shall report its birth to the Commissioner of Health, in compliance with the provisions of this section. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marian Elizabeth Bond

No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Aug. 17, 1896
4. Place of Birth, (Street and Number) 707 Cumberland St.
5. Full Name of Mother, Cora Susan Brown.
6. Mother's Maiden Name, Cora Susan Bond.
7. Mother's Birthplace, Pikesville, Md.
8. Full Name of Father, Samuel Walter Bond.
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Cora Belle Brewster M.D.

Address, 1027 Madison ave.

Remarks,

8960004052

Wm. J. C. Dulany Co., City Printers and Stationers.

The midwife or physician or other person in charge of midwifery, or should no other person be in attendance upon the mother, immediately thereupon, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 August 1896
4. Place of Birth, (Street and Number) 622 Cumberland St
5. Full Name of Mother, E. J. Lenord
6. Mother's Maiden Name, E. J. Fitz
7. Mother's Birthplace, Co
8. Full Name of Father, [illegible] Lenord
9. Father's Occupation, Produce Dealer
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, Mrs. M. J. Dulany

Address, 731 Cumberland St

Remarks,

8960004053

Wm. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent required, and such person or parent is hereby required, to report the birth of such child to the Commissioner of Health, and comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 22nd
4. Place of Birth, (Street and Number) Bon 27 Wilcox st
5. Full Name of Mother, Mary Zeke Mary Kelly
6. Mother's Maiden Name, Hand
7. Mother's Birthplace, Md
8. Full Name of Father, John Edward Baker
9. Father's Occupation Laborer
10. Father's Birthplace, Thistle Baltimore County

Name of Medical Attendant, or other person who makes this Return, Mrs Woodson

Address, Enoch Pratt Hospital

Remarks,

+ 8960004054

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become and within the period above stated, and child to report the same to the Commissioner of Health, and any such person who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d,

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 August 1896
4. Place of Birth, (Street and Number) 1248 Eagle Street
5. Full Name of Mother, Rosa Hoffman
6. Mother's Maiden Name, Moritz
7. Mother's Birthplace, Galizien Oestreich
8. Full Name of Father, Aetta Hoffman
9. Father's Occupation Shoemaker
10. Father's Birthplace, Galizien Oestreich

Name of Medical Attendant, or other person who makes this Return, Anna C Zeuchelt

Address, 1914 W. Pratt Street

Remarks,

1896 00040 55

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife in attendance upon the birth of any child shall report its birth to the Commissioner of Health. In case the birth of any child occur without the city limits, and no physician or midwife is in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 1-10-62

RETURN OF A BIRTH. 76652

GIVEN NAME ADDED 7-23-53 [redacted]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bernard John Medairy 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 23d 1896
4. Place of Birth, (Street and Number) Fulton Ave #1652
5. Full Name of Mother, Carrie Veronica Medairy
6. Mother's Maiden Name, Carrie Rock
7. Mother's Birthplace, Baltimore
8. Full Name of Father, ~~Bernard~~ John [redacted] Medairy
9. Father's Occupation Life Insurance Agent
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. M. J. Kluckhuhn

Address, 731 Lombard St.

Remarks,

8960004056

shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately after the birth of the person or parents of such attendance upon the mother, immediately after the birth of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 24th 1896

4. Place of Birth, (Street and Number) Baltimore Co. 1205 Wilson St.

5. Full Name of Mother, Catherine Tully

6. Mother's Maiden Name, Catherine Tully

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Tully

9. Father's Occupation, Day laborer

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Dr. Wrzesinski

Address, 1110 E. Fallsway

Remarks,

B 9 6 0 0 0 4 0 5 7

Any person who shall refuse or neglect to comply with the provisions of this section shall be guilty of a misdemeanor and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offence, and every physician or midwife who shall neglect to report the birth of any child which he or she shall have attended in its birth, and every person required by this section to report the birth of any child who shall neglect to do so within the time prescribed, shall be liable to a penalty of one dollar for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 25-th
4. Place of Birth, (Street and Number) 4016 Girard Ave.
5. Full Name of Mother: Mary Katherine Schleich
6. Mother's Maiden Name, Mary Katherine Morgan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Ernest Schleich
9. Father's Occupation Police
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Mrs Wooden

Address, 1070 E. Hoffman St. Cor Ensor

Remarks,

1 8 9 6 0 0 0 4 0 5 8

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 76655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John W. Hammond

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) 1710 Eagle Street
5. Full Name of Mother, Louise Hammond
6. Mother's Maiden Name, Louise Talbot
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Hammond
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Hester Chapman

Address, 307 West Preston Street

Remarks,

8960004059

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, The 7 of August
4. Place of Birth, (Street and Number) 527 Fallsway Pk Ave
5. Full Name of Mother, Mary F Washington
6. Mother's Maiden Name, Mary F Chase
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Sam'l Washington
9. Father's Occupation Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Dr Haigh & Davis

Address, 525 Fallsway Pk Ave

Remarks,

8 9 6 0 0 0 4 0 6 0

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 76657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Brown skin
3. Date of Birth, August 11th (96)
4. Place of Birth, (Street and Number) 600 Madera st.
5. Full Name of Mother, Ellen Gasaway
6. Mother's Maiden Name, Ellen Wright
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Horace Gasaway
9. Father's Occupation, Laborer in Chemical works
10. Father's Birthplace, Prince Georges county Md.

Name of Medical Attendant, or other person who makes this Return. Ann Faris

Address, 192 E Chase st.

Remarks,

B 7 6 0 0 0 4 0 6 1

shall occur without the city limits, to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 76658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug th 11. 1896.
4. Place of Birth, (Street and Number) 113. Chapel St.
5. Full Name of Mother, Maggie Schriefer.
6. Mother's Maiden Name,
7. Mother's Birthplace, Germanie
8. Full Name of Father, Charle Schriefer
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mary Kotish

Address, 205 N Washington St

Remarks,

B 46 U 8 4062

Wm. J. C. Dulany Co., City Printers and Stationers.

Each schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon such birth to comply with the provisions of this section, the parents of such child, each person or persons who shall hereafter have been in attendance upon such birth, and who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 4th 20. 1896
4. Place of Birth, (Street and Number) 412 Hunter Alley
5. Full Name of Mother, Mary Stiejek
6. Mother's Maiden Name, Bohemia
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Stiejek
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary McNish

Address, 205 N Washington St

Remarks,

1 8 7 6 U 0 0 4 0 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 7. 896.
4. Place of Birth, (Street and Number) Pratt St. 1125
5. Full Name of Mother, Fannie Pucklodie
6. Mother's Maiden Name, Fannie Kuntz
7. Mother's Birthplace, Russia
8. Full Name of Father, Lazar Pucklodie
9. Father's Occupation Cafe Baker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Schlesman

Address, 72 Albemarle St.

Remarks,

18960040641

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the mother shall, within ten days thereafter, make the return required by this section; and if such attendance upon the birth of the child, in the manner and within the period above specified, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Julius Herman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 15 1896.
4. Place of Birth, (Street and Number) 122 Albemarle St
5. Full Name of Mother, Celia Herman
6. Mother's Maiden Name, Levin Rad
7. Mother's Birthplace, Prussia
8. Full Name of Father, Siddy Herman
9. Father's Occupation Tailor
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, S Schuman

Address, 122 Albemarle St

Remarks,

B 9 6 0 0 0 4 0 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and shall in every such case, within five days thereafter, to report to the Commissioner of Health, in the manner and with the particulars required by this section, the birth to the Commissioner, and whether such child is a male or female, and whether it was born alive or dead; and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

KODAK FILM

RETURN OF A BIRTH. 76662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 January 1896
4. Place of Birth, (Street and Number) 116 E. Lombard St
5. Full Name of Mother, Rachel Schesinan
6. Mother's Maiden Name, Green
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Sherman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa E. Sherman

Address, 72 Albemarle St.

Remarks,

8960004066

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such Person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 18
4. Place of Birth, (Street and Number) 108 E. Lombard St
5. Full Name of Mother, Ida Dubinsky
6. Mother's Maiden Name, ~~Lasof~~ Hartsaky
7. Mother's Birthplace, Russia
8. Full Name of Father, Harris Dubinsky
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Wm E Schuerman

Address, 42 Almond St

Remarks,

8960004067

shall occur without the attendance of a physician or practitioner of midwifery, or shall no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 August 189[illegible]
4. *Place of Birth, (Street and Number)* 4 Harrison St
5. *Full Name of Mother,* Clara Hozlefsky
6. *Mother's Maiden Name,* Steinmaker
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jake Hozlefsky
9. *Father's Occupation* Store keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Steinman

Address, 12 Albemarle

Remarks,

1896000004068

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* ~~Female~~ Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 August 1896
4. *Place of Birth, (Street and Number)* 732 Saratoga St
5. *Full Name of Mother,* Henrietta Cohen
6. *Mother's Maiden Name,* Dreyer
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Isidore Cohen
9. *Father's Occupation* Drummer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, E. Silberman

Address, 42 Albemarle St

Remarks,

1896 0004069

third day of each and every month in the calendar year of neglect or refusal to other person as in shall neglect without the attendance of a physician or midwife, or shall refuse to other person as in such case shall be required by this section, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-8-58

RETURN OF A BIRTH. 76666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alma Anna ~~Goldstine~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 August 1892
4. Place of Birth, (Street and Number) 18 Albemarle St
5. Full Name of Mother, Jennie Goldstine
6. Mother's Maiden Name, Hershowitch
7. Mother's Birthplace, Russia
8. Full Name of Father, Michel Goldstine
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, L. Weissman

Address, 20 Albemarle St

Remarks,

1896004070

Third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate of each birth which shall occur within his district during the preceding month, and should no other person be in attendance upon the mother, immediately after the birth of a child hereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time prescribed in this section, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76661/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ruth Mason

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug 29/96
4. Place of Birth, (Street and Number) 1611 E. Lafayette Ave
5. Full Name of Mother, Magdalen Mason
6. Mother's Maiden Name, Keith
7. Mother's Birthplace, Howard Co Md
8. Full Name of Father, Benj H. Mason
9. Father's Occupation carpenter
10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, or other person who makes this Return, M. B Billingslea

GIVEN NAME ADDED. 11-3-53 L M

Address, 1206 E. Baltimore St

Remarks,

8960004071

shall occur without the attendance of a physician or practitioner of the city, or such person as shall be duly appointed to attend upon the mother, immediately after the birth of the person or parents of such child, to give notice to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Jos. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the householder of the house in which such birth occurs shall be the person required to make the return of such birth, and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31 August 1856
4. Place of Birth, (Street and Number) No Edery 224
5. Full Name of Mother, Teresa Gerstel
6. Mother's Maiden Name, Bernstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Goldenberg
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schapiro

Address, 222 N. Edward St.

Remarks,

8960004072

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 20th 96
4. Place of Birth, (Street and Number) 2728 Boone St.
5. Full Name of Mother, Lillian G. Mitchell
6. Mother's Maiden Name, Parks
7. Mother's Birthplace, Va
8. Full Name of Father, Hamilton J. Mitchell
9. Father's Occupation, Wood Turner
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, W. S. Hartwell

Address, 816 Jefferson St.

Remarks,

8760004073

said schedule shall be delivered, duly filled up, at the office of the Commissioner of Health. In case the birth of any child shall occur without the city, or shall not be attended by a physician or practitioner of midwifery, or other person be in third day of each and every month, a like return, to the best of the knowledge and belief of the person or parents of such attendance at the birth, shall be made by the physician or practitioner of midwifery, or the person or parents of such shall occur without the city, immediately thereafter. In the manner and within the period above required, and child, to report its birth to the Commissioner, shall fail to comply with the provisions of this Section, each and every such person or persons who shall neglect or refuse or shall for any reason whatever fail to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 12th 1896
4. Place of Birth, (Street and Number) Madison Ave
5. Full Name of Mother, Minnie Mason
6. Mother's Maiden Name, Minnie Madgen
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace, Carroll Co

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 731 Cumberland St

Remarks,

8960004074

This Return is due and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 10. 1896
4. Place of Birth, (Street and Number) 1101 Clifton Place
5. Full Name of Mother, Ella May Emmark
6. Mother's Maiden Name, " " Henry
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Chas David Emmark
9. Father's Occupation, Painter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo A Hartman M.D.

Address, 1121 N Carlin St.

Remarks,

8960004075

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7667/

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons and each and every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 23. '96
4. Place of Birth, (Street and Number) 2315 St. Paul St.
5. Full Name of Mother, Susie Jenkins
6. Mother's Maiden Name, " Wells
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Frank B. Jenkins
9. Father's Occupation, Waiter
10. Father's Birthplace, Memphis, Tenn.

Name of Medical Attendant, or other person who makes this Return. Geo A Hartman M.D.

Address, 1125 N Caroline St.

Remarks,

8960004076

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Thirteenth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 30, 1896.
4. *Place of Birth, (Street and Number)*	1318 Valley St
5. *Full Name of Mother,*	Virginia C. Bamberger
6. *Mother's Maiden Name,*	Pool
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Joseph W Bamberger
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	J. Frank Crouch M.D.
Address,	
Remarks,	

8960004077

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to notify the Registrar of the fact, in the manner and within the period above prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately hereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 1st 1896

4. Place of Birth, (Street and Number) 1922 Bank St

5. Full Name of Mother, Matilda M. Dunn

6. Mother's Maiden Name, Dunn

7. Mother's Birthplace, Balto.

8. Full Name of Father, George M Dunn

9. Father's Occupation Engineer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, S H Selfridge M. D.

Address, 1501 E Eager St

Remarks,

D76U004078

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 2nd 1896.
4. Place of Birth, (Street and Number) 710 N. Caroline St.
5. Full Name of Mother, Pauline Baer
6. Mother's Maiden Name, Stahl
7. Mother's Birthplace, New York
8. Full Name of Father, George H. Baer
9. Father's Occupation Varnisher
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, S. H. Sellers M. D.

Address, 1501 E. Eager St

Remarks,

D 7 6 U 0 4 0 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 9th 1896.

4. Place of Birth, (Street and Number) 410 S Bond St

5. Full Name of Mother, Mary Abernethy

6. Mother's Maiden Name, School

7. Mother's Birthplace, Balto

8. Full Name of Father, Charles G Abernethy

9. Father's Occupation Tinner

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A. W Selfridge M.D.

Address, 1501 E. Eager St

Remarks,

B 4 6 U 0 0 4 0 8 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Whenever upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 15 96.
4. Place of Birth, (Street and Number) 1639 E. Eager St
5. Full Name of Mother, Elizabeth Fink
6. Mother's Maiden Name, Schreiber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Fink
9. Father's Occupation Cabinet-maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S. H. Selfridge M.D.

Address, 1511 E Eager St

Remarks,

8766064081

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 22nd 1896
4. Place of Birth, (Street and Number) 22 Fder Oak Ave Haverly
5. Full Name of Mother, Maggie E. Murllet
6. Mother's Maiden Name, Baare
7. Mother's Birthplace, Balto
8. Full Name of Father, Frederick A. Murllet
9. Father's Occupation Beer Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S H Seldner M. D.

Address, 1501 E. Eager St

Remarks,

8 9 6 U 0 0 4 0 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 2 of the Act requires that every birth shall become the duty of the person or parents of such child to report the same to the Registrar of Vital Statistics within ten days after such birth, and in the manner and within the period of time specified in said section, and if such report is not made as required by said section, it shall be the duty of the Coroner upon the request of the Registrar to investigate the cause of such failure, and any such person or persons so offending shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 24th 1896.
4. Place of Birth, (Street and Number) 230 E. Fayette St
5. Full Name of Mother, Eva Ehrmann
6. Mother's Maiden Name, Jungkunst
7. Mother's Birthplace, Germany
8. Full Name of Father, John Ehrmann
9. Father's Occupation Bricklayer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S. H. Sellman M.D.

Address, 150 E. Eager St

Remarks,

B 7 6 U 3 0 4 3 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76678½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 24/96
4. Place of Birth, (Street and Number) 435 E 25th St
5. Full Name of Mother, Lizzie Foster
6. Mother's Maiden Name, Feith
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Charles Foster
9. Father's Occupation Clerk
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Fayette St

Remarks,

8 9 6 U 0 6 4 0 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, the Commissioner of Health, in like manner and within the period above required, and any midwife or physician who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 2nd 1896
4. *Place of Birth, (Street and Number)*	955 N. Bond St
5. *Full Name of Mother,*	Cathrine Horacek
6. *Mother's Maiden Name,*	Maschek
7. *Mother's Birthplace,*	Galto
8. *Full Name of Father,*	Jacob Horacek
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return,	J. H. Selgrus M. D.
Address,	1501 E. Eager St
Remarks,	

8960004086

shall occur without the attendance of a physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period of time prescribed in this section; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-64)
Hall of Records Commission

RETURN OF A BIRTH. 76679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon such birth, it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 2 1896
4. Place of Birth, (Street and Number) 955 W Cond St
5. Full Name of Mother, Cathrine Horacek
6. Mother's Maiden Name, Maschek
7. Mother's Birthplace, Galto
8. Full Name of Father, Jacob Horacek
9. Father's Occupation Shoemaker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Dr H Seligmann M. D.

Address, 1501 E. Eager St

Remarks,

1896000404085

Wm. J. C. Dulany Co., City Printers and Stationers.

1896000404136

CORRECTION

The preceding dacument has been re-photagraphed ta assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH. 76679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 21 1896

4. Place of Birth, (Street and Number) 955 N Bond St

5. Full Name of Mother, Kathrine Horacek

6. Mother's Maiden Name, Maschek

7. Mother's Birthplace, Galto

8. Full Name of Father, Jacob Horacek

9. Father's Occupation Shoemaker

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, J H Selgner M. D.

Address, 1501 E. Eager St

Remarks,

1896 0004085

Wm. J. C. Dulany Co., City Printers and Stationers.

1896 0004085

shall recite without the attendance of a physician, or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Pamelia Alma Bettie Douglass

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug 4 96 Aug. 4, 1896
4. Place of Birth, (Street and Number) 5 W. Edmondson Ave
5. Full Name of Mother, Bella Douglass
6. Mother's Maiden Name, Buckler
7. Mother's Birthplace, Bella
8. Full Name of Father, Stephen A. Douglass
9. Father's Occupation, Janitor
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Baltimore

Remarks, GIVEN NAME ADDED 1-19-56 L.M

Wm. J. C. Dulany Co., City Printers and Stationers.

18960004086

The Midwife, or Physician or practitioner of midwifery, or any other person who shall perform the office of midwife, or attendance of a physician or practitioner of midwifery, or shall be present at the birth of a child, or shall have the charge of such child, or the mother thereof, within the period above mentioned, shall be subject to the penalties of this section, unless he or she shall within the time above specified, and any such person who shall hereby offence, to be recovered as other fines and forfeitures are recoverable. shall occur without the attendance of a physician or practitioner of midwifery, or any other person who shall perform the office of midwife, or attendance upon the mother thereof, within the period above mentioned, shall be subject to the penalties of this section, unless he or she shall within the time above specified, and any such person who shall hereby offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76681

CERTIFICATE CORRECTED 12-19-6[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helen Barrick Drury

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug 14th 1897 1896
4. Place of Birth, (Street and Number) N.E. North Ave & Wolfe
5. Full Name of Mother, Mary Drury
6. Mother's Maiden Name, Thomas
7. Mother's Birthplace, Balto Md
8. Full Name of Father, J. P. Drury
9. Father's Occupation clerk.
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Pratt St

Remarks,

1896 000 4087

shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons in attendance upon such birth, or of the parent, if present, to report the same within the period and in the manner required of physicians and midwives, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

76682

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 6/96
4. Place of Birth, (Street and Number) 1631 Jefferson st
5. Full Name of Mother, Mary A Hughes
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Jerome Hughes
9. Father's Occupation Clerk
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, M. B. Billard M.D.

Address, 1206 C

Remarks,

1896000 4088

Every city & county physician or midwife in this State shall report to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the time above required; and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A 77107

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 1436 Anthony Street
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore ..... (Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City Baltimore (If outside city or town limits, write RURAL)
(d) Street No. 1436 Anthony Street (If rural give location)

3. Full name of child: CLARENCE L. LEACH

4. Date of birth: Oct. 3, 1895 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3rd .....

7. Number weeks of pregnancy .....

8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name: Benjamin F. Leach
10. Color or race: W
11. Age at time of this birth ..... yrs.
12. Birthplace: Maryland (City, town, or county) (State or foreign country)
13. Usual occupation: Painter
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name: Mary C. Cantwell
16. Color or race: W
17. Age at time of this birth ..... yrs.
18. Birthplace: Baltimore, Maryland (City, town, or county) (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business .....
22. Mother's mailing address for registration notice: 1436 Anthony St., Baltimore, Md.

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 5
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..... , related to this child as Self

24. Date rec'd by local registrar October, 1895

25. Signed Dr. James McShane Registrar

26. Given name added ..... by Registrar per .....

(Signed) Physician (or midwife) who attended this birth ..... M. D. (Midwife)
or Tinsley McIvor State Registrar
Address ..... Date

VS 100

1896000 4089

RETURN OF A BIRTH. 77356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 30th
4. Place of Birth, (Street and Number) 201 N. Bradford St
5. Full Name of Mother, Rebecca Johnson
6. Mother's Maiden Name, Rebecca Pinkney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Johnson
9. Father's Occupation Brickmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah Jones

Address, 325 Patterson Park ave.

Remarks,

18960004090

Wm. J. C. Dulany Co., City Printers and Stationers

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be competent to make the return required, the duty of the person or persons so required, and shall be reported to the Commissioner of Health, in the manner and within the time specified in this section, shall be subject to a penalty of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-77357

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 1029 W. Fayette Street
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 1029 W. Fayette Street
(If rural give location)

3. Full name of child MARY THELMA NUSZ

4. Date of birth September 24, 1896
(Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Charles Luther Nusz
10. Color or race White 11. Age at time of this birth 37 yrs.
12. Birthplace Frederick, Maryland
(City, town, or county) (State or foreign country)
13. Usual occupation Salesman
14. Industry or business Men's Clothing

MOTHER OF CHILD

15. Full Maiden Name Mary Emma Coram
16. Color or race White 17. Age at time of this birth 33 yrs.
18. Birthplace Baltimore, Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation Homemaker
20. Industry or business

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as Self

24. Date rec'd by local registrar September 19 1896

25. Signed Dr. James F. McShane
Registrar

26. Given name added ..... by Registrar per .....

(Signed) Sidney [illegible] Norton M. D.
Physician (or midwife) who attended this birth (Midwife)

or State
Registrar

Address ..... Date .....

VS 100

1896000 4091

A77421

To the [illegible]

No. of Child of Mother, (state whether 1st,

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return,

Address,

8960004092

RETURN OF A BIRTH. 77422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 1 — 1896
4. Place of Birth, (Street and Number) ~~[illegible]~~ 1823 E Chase St
5. Full Name of Mother, Minnie E Hardesty
6. Mother's Maiden Name, Bibb
7. Mother's Birthplace, Fort Calhoun
8. Full Name of Father, Henry Cutler
9. Father's Occupation, Butcher
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Theodore Lentz

Address, 518 Hanover St.

Remarks,

8960004093

Each and every person who shall neglect or refuse to give information required by the Commissioner of Health, or shall refuse to sign such information when required, or shall refuse to give the name of the person or parents of such child, or shall refuse to report its birth to the Commissioner of Health, or shall refuse to give the attendance of a physician or practitioner of midwifery, or shall do no other person be in attendance upon the mother, immediately thereafter, shall be deemed guilty of a misdemeanor, and in the manner and within the period above required, shall neglect or refuse to report the birth of any child to the Commissioner of Health, or shall refuse to comply with the provisions of the ordinances relating thereto, or shall hereafter fail to comply with the provisions, of such ordinances as may be in force at the time of the birth of any such child, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be subjected to the fine of ten (10) dollars for each offense. to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 77423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Oct 1, 1896.
4. Place of Birth, (Street and Number) 520 East Ave.
5. Full Name of Mother, Lottie Reckard.
6. Mother's Maiden Name, Lottie Williams
7. Mother's Birthplace, Balt
8. Full Name of Father, Fredrick Reckard
9. Father's Occupation Carpenter
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton St.

Remarks.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person or persons so in attendance upon the mother, immediately after the birth, to report the case to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960004094

GIVEN NAME ADDED 11-24-52

RETURN OF A BIRTH. 77424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ethel Cecelia Minker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 1st, 1896
4. Place of Birth, (Street and Number) 915 North Ave. West
5. Full Name of Mother, Grace Eleanora Minker
6. Mother's Maiden Name, " Lemmon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lewis Minker Jr.
9. Father's Occupation Manufacturer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Flora J. Brewster M.D.

Address, 1221 Madison Ave. Baltimore

Remarks,

: 4 6 0 0 0 4 0 9 5

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Registrar of Vital Statistics in the manner and within the time above specified; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 1 Colored
4. Place of Birth, (Street and Number) 111 Eden H
5. Full Name of Mother, Mamie Rice
6. Mother's Maiden Name, Stockfish
7. Mother's Birthplace, Balto
8. Full Name of Father, Samuel Rice
9. Father's Occupation, Cutter
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, J. H. R. Ellis

Address, 802 E Lanvale

Remarks,

3960004096

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the Board of Health of Baltimore, or should no other person be in attendance upon the mother, immediately after birth, in the manner and within the time required, and shall become the duty of the person or parent required to report its birth to the Commissioners of Health, in the manner and within the time required, and shall occur upon the mother, immediately after birth, in the manner and within the time required, and child to report its birth to the Commissioners of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 1st. 30 M. 1896
4. Place of Birth, (Street and Number) 109 N Schroeder St
5. Full Name of Mother, Mary Amelia Mangels
6. Mother's Maiden Name, Mary A. Smith
7. Mother's Birthplace, Balto City
8. Full Name of Father, Henry Jno Mangels
9. Father's Occupation Clerk
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, James E Donnelly MD

Address, 1701 Balto St East

Remarks,

8960040097

Wm. J. C. Dulany Co., City Printers and Stationers.

All certificates shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the undertaker or person acting as undertaker shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 1st 96
4. Place of Birth, (Street and Number) 2035 Keyser St
5. Full Name of Mother, Melvina Marshall
6. Mother's Maiden Name, Melvina E. Roberts
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Jos L. Marshall
9. Father's Occupation, Yachtsman
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, J. A. Pantelli, M.D

Address, 1243 N. Broadway Balto Md

Remarks, 8960004098

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77428

GIVEN NAME ADDED 6-26-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Vincent Patrick Kavanagh 6th

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 1st 1896
4. Place of Birth, (Street and Number) 1550 Carey st
5. Full Name of Mother, Mrs Mary R Kavanagh
6. Mother's Maiden Name, Uhlfelder
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Mr. Martin J Kavanagh
9. Father's Occupation, Copper Smith
10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return, Wm E. Miller M.D.

Address, 2239 Pennsylvania Ave

Remarks,

8960004099

Wm J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the ministrations of a physician or midwife, it shall become the duty of the person or parents of such child or some one of the family in which the birth occurs, and within the period above specified, to report its birth to the Commissioner of Health, in the manner and with the provisions of this section. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 October
4. Place of Birth, (Street and Number) 1514 Bay st
5. Full Name of Mother, Emma Ludwig
6. Mother's Maiden Name, Köhler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Martin Ludwig
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Miss Emma Bauer

Address, 1600 Chester st

Remarks,

1896 0 0 0 9 4 1 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Any day or each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, then it shall be the duty of the person or parents of such child to report in like manner the same, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 1 1899
4. Place of Birth, (Street and Number) No 568 Fredrick Ave
5. Full Name of Mother, Hannah Lang
6. Mother's Maiden Name, Hannah Badenbach
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Lang
9. Father's Occupation Tanner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960 3041 01

Wm. J. C. Dulany Co., City Printers and Stationers.

Any day or each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the nurse or midwife in attendance upon the mother, immediately thereafter, to make the return above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77431 (Era)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child. Daniel V. Derr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth. Oct. 1st '96.
4. Place of Birth, (Street and Number) 704 Hanford ave
5. Full Name of Mother, Ellen V. Derr
6. Mother's Maiden Name, Ellen V. Wooters
7. Mother's Birthplace, Md Talbot Co.
8. Full Name of Father, Clarence D. Derr
9. Father's Occupation Brakeman
10. Father's Birthplace, Md Carroll Co. Union Bridge

Name of Medical Attendant, or other person who makes this Return. Henry O. Hardy

Address, 702 Greenmount ave

Remarks, 8960004102

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required by this section to report such birth, the parent or parents of such child shall become the duty of the person or persons required, and shall make report upon the mother, immediately thereafter, in the manner and within the time above specified. Any person who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-11-56

RETURN OF A BIRTH. 77432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marjorie ~~McKee~~ Lee

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 1st 1896
4. Place of Birth, (Street and Number) 1424 W. Pratt st
5. Full Name of Mother, Grace Mc. Lee
6. Mother's Maiden Name, Grace Paul Linn
7. Mother's Birthplace, Anne Arundel County
8. Full Name of Father, Marion Mc. Lee
9. Father's Occupation, Conductor
10. Father's Birthplace, Lynchburg Va

Name of Medical Attendant, or other person who makes this Return. H. L. F. Blanchy M.D.

Address, 106 S. Gilmor st

Remarks,

8960004103

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, shall, within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 of October
4. Place of Birth, (Street and Number) 339 Durham st
5. Full Name of Mother, Louise Bartusek
6. Mother's Maiden Name, Louise Laufer
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Louis Bartusek
9. Father's Occupation
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Louise Bartusek

Address, 339 Durham st

Remarks,

B 9 6 0 0 0 4 1 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person on whose premises such birth shall occur to report it to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Boy — Frank 10-8/27/20
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 Oct.
4. Place of Birth, (Street and Number) Schuyler Str. 726
5. Full Name of Mother, Mary Pechotcky
6. Mother's Maiden Name, Nowak
7. Mother's Birthplace, Pole
8. Full Name of Father, Martin Pechotcky
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return

Address, 838 S. Bond Str.

Remarks, Mary Pech.

8760004105

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 1 - 96
4. Place of Birth, (Street and Number) 723 Greenmount Ave.
5. Full Name of Mother, Maria Frisch
6. Mother's Maiden Name, " Rabenau
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Frisch
9. Father's Occupation Shoe Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. L. Buddenbaum

Address, 418 S. Paca St.

Remarks,

8960004106

shall day of each and every month, to the Registrar of Vital Statistics, a certificate of each birth occurring in his district during the preceding month, and if any midwife, nurse or other person shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the time prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7/26/60

RETURN OF A BIRTH. 77436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Christina Trautwein

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 2nd '96
4. Place of Birth, (Street and Number) 2 S. Regester St.
5. Full Name of Mother, Augusta Trautwein
6. Mother's Maiden Name, Augusta Geppner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Trautwein
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J B Bennett, M.D.

Address, 23. S. Broadway

Remarks,

1896 0004107

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Dec 2nd 1896
4. Place of Birth, (Street and Number) 1044 S. Howard St
5. Full Name of Mother, Carrie Miller
6. Mother's Maiden Name, Carrie Carroll
7. Mother's Birthplace, Balto Md
8. Full Name of Father, James Miller
9. Father's Occupation Laborer
10. Father's Birthplace. Balto

Name of Medical Attendant, or other person who makes this Return. Margaret Trigg

Address, 1123 Race St Balto Md

Remarks.

1896000041 08

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, the person having charge of such child shall report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77438

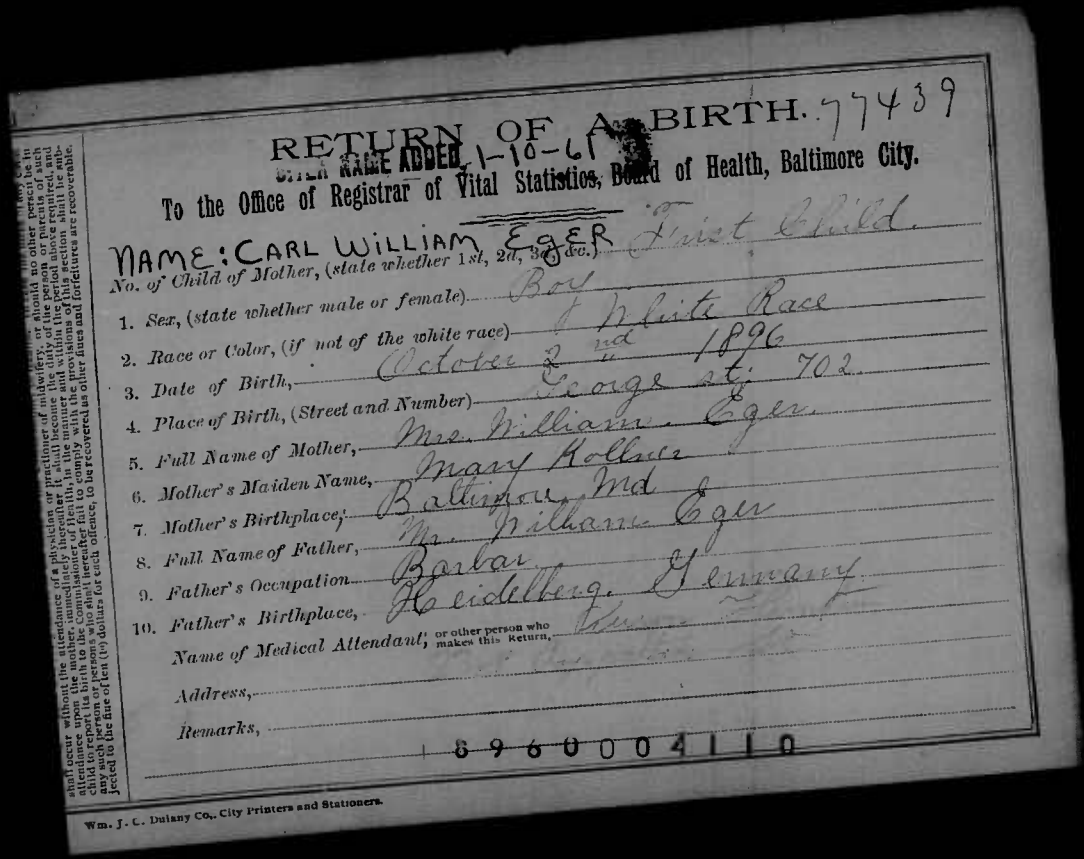
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	2nd Oct 1897
4. *Place of Birth, (Street and Number)*	Gilbert Street
5. *Full Name of Mother,*	Amelia Roberts
6. *Mother's Maiden Name,*	Amelia Howard
7. *Mother's Birthplace.*	Baltimore City
8. *Full Name of Father,*	James Roberts
9. *Father's Occupation,*	Oyster Dredger
10. *Father's Birthplace,*	Howard County
Name of Medical Attendant, or other person who makes this Return,	Charity Boulden
Address,	818 Hawkins St
Remarks,	Still

8960004109

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and upon neglect or refusal so to do, each person who shall neglect or refuse to make such report shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.



RETURN OF A BIRTH. 77439

OTHER NAME ADDED 1-10-61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: CARL WILLIAM EGER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, October 2nd 1896
4. Place of Birth, (Street and Number) George St. 702
5. Full Name of Mother, Mrs. William Eger
6. Mother's Maiden Name, Mary Kollner
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mr. William Eger
9. Father's Occupation Barber
10. Father's Birthplace, Heidelberg Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

B 9 6 0 0 0 4 1 1 0

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, immediately such child shall become the duty of the person or parents of such child to report the birth to the Commissioner, and any person who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM KO

RETURN OF A BIRTH. 77440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 2 1896
4. Place of Birth, (Street and Number) 1220 Hull st
5. Full Name of Mother, Sarah Lent
6. Mother's Maiden Name, Sines
7. Mother's Birthplace, Virginia
8. Full Name of Father, George Edward Lent
9. Father's Occupation Workman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Schwartz

Address, 484 E. Lombard Ave.

Remarks,

8960004111

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the father or the nurse shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 2nd 1896
4. Place of Birth, (Street and Number) 2030 - Jefferson Place
5. Full Name of Mother, Catherine Smith Gessford
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Pa
8. Full Name of Father, Joseph Gessford -
9. Father's Occupation, Telegraph operator
10. Father's Birthplace, Md -

Name of Medical Attendant, or other person who makes this Return, John H. Grimes M.D

Address, 2100 - Marshall ave

Remarks,

8960004112

Every person required by law to report to the office of the Commissioner of Health the birth of any child, shall do so within the space of ten days after the birth, and in case the birth occurs in the absence of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and in case any person shall neglect or refuse to make such report as herein required, or shall knowingly make any false report, he or she shall, upon conviction thereof, in the Criminal Court of Baltimore, or before any justice of the peace in Baltimore City, be fined not less than five dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 77442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 2 d. 1130 P.m.
4. Place of Birth, (Street and Number) 705 Light St
5. Full Name of Mother, Rebecca Seiff
6. Mother's Maiden Name, Rebecca Snader
7. Mother's Birthplace, Jersey Shore Pa
8. Full Name of Father, Jacob Seiff
9. Father's Occupation, Merchant
10. Father's Birthplace, New York N Y

Name of Medical Attendant, or other person who makes this Return. A H Labeton

Address, 1136 W. Lexington St

Remarks,

1896 0041 13

GEO. J. G. DELANY & CO., CITY PRINTERS AND STATIONERS

Every birth in every month to the office of the Commissioner of Health, or to the Registrar of Vital Statistics, within ten days after the birth of any child attended by a physician or practitioner of midwifery, or should no other person be in attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, or Registrar of Vital Statistics, within the period above recited, and in the manner and within the period above recited, in the manner and within the period above recited, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 2' 1896
4. Place of Birth, (Street and Number) 635 E. Pleasant pl.
5. Full Name of Mother, Laura Host
6. Mother's Maiden Name, Hammer
7. Mother's Birthplace, Norway
8. Full Name of Father, Axel Host
9. Father's Occupation Engineer
10. Father's Birthplace, Norway

Name of Medical Attendant, or other person who makes this Return, Robt. O. P. Pollitt M.D.

Address, 1458 Eliza ide Ave.

Remarks.

C 9 6 0 0 0 4 1 1 4

third day of each and every month to the office of the Commissioner of Health. In case the birth occurs in a public institution, the officer in charge of such institution shall report to the Commissioner of Health the name and residence of the person or parents of such child, as required by this section. Any person who shall neglect or refuse to comply with the provisions of this section shall forfeit and pay for each offence a penalty not exceeding ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 2 - 96

4. Place of Birth, (Street and Number) 6a Fulton + Reina Ave

5. Full Name of Mother, Mamie L. Stensethaffer

6. Mother's Maiden Name, " " Rau

7. Mother's Birthplace, Baltimore Co.

8. Full Name of Father, John H. Stensethaffer

9. Father's Occupation Painter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. L. F. Fray

Address, 2470 S. H. Ave.

Remarks,

8960004115

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the parent or parents of such child, the mother or nurse in the case, shall immediately thereafter, in the manner and within the period above required, cause notice of such birth to be given to the Commissioner of Health, in the manner and within the period above required, and in default thereof, such parent or parents, mother or nurse, shall be subject to the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 Oct.
4. Place of Birth, (Street and Number) Thames St 1628
5. Full Name of Mother, Michalina Milechy
6. Mother's Maiden Name, Kovalechy
7. Mother's Birthplace, Pole
8. Full Name of Father, Henry Milechy
9. Father's Occupation Moth-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, 838 S Bond Str

Address, Mary Pratt

Remarks,

8960004116

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother required by this section to report the birth of such child, it shall be the duty of the mother herself to report the birth to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 7746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Female
2. *Race or color. (if not of the white race)*	White
3. *Date of Birth,*	Oct 3rd 96
4. *Place of Birth, (Street and Number)*	2002 E Chase
5. *Full Name of Mother.*	Ella L. Morris
6. *Mother's Maiden Name,*	Ella L. Chaney
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Wm E Morris
9. *Father's Occupation,*	Tinworker
10. *Father's Birthplace,*	Harve de Grace
Name of Medical Attendant, or other person who makes this Return.	Chas B. Kyle M.D.
Address,	920 N Broadway
Remarks,	8960004117

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GUILANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 7747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, Oct 3

4. Place of Birth, (Street and Number) 1109 Scott St

5. Full Name of Mother, Annie Hunt Finney

6. Mother's Maiden Name, " Galvey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Timothy Hunt

9. Father's Occupation Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs M Maryan

Address, 412 Scott St

Remarks.

8960004118

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or parents, or other person having charge of such child to report its birth to the Commissioner of Health in the manner and within the period of time prescribed in Section 2 of this ordinance. Any person or persons who shall hereafter refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 2 of the Ordinance requires that every woman who shall be delivered of a child, and every person who shall be present at the birth of any child, shall, within ten days after the birth of such child, make a return thereof to the Commissioner of Health, stating the name, sex, color, date and place of birth of such child, the name, maiden name, birthplace and residence of the mother, the name, occupation, birthplace and residence of the father, and the name and residence of the attending physician or midwife, if there be any; and should no other person be in attendance upon the mother, it shall be the duty of the person or parents, or other person having charge of such child to report its birth to the Commissioner of Health in the manner and within the period of time prescribed in Section 2 of this ordinance. Any person or persons who shall hereafter refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 3 pd.
4. Place of Birth, (Street and Number) 5 - Dugan St.
5. Full Name of Mother, Dessie Gladmore
6. Mother's Maiden Name, Dessie Quick
7. Mother's Birthplace, Frederick Md.
8. Full Name of Father, Edward Gladmore
9. Father's Occupation, Private Fireman
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. W. Platt

Address, 19 Carroll St.

Remarks,

8960004119

shall occur within the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 31 96
4. Place of Birth, (Street and Number) 336 S. Fulton ave
5. Full Name of Mother, Emma Hawkins
6. Mother's Maiden Name, Rigle
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Pemberton W. Hawkins
9. Father's Occupation, commissioner
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Dr John Vannucci

Address, 1755 W Pratt St.

Remarks,

8960004120

every month to the office of the Commissioner of Health. In case the birth of such child each and every case of birth occurring in his practice, and report the same to the Commissioner of Health within ten days after such birth. And it shall be the duty of every physician or midwife, or other person who shall attend upon the mother, immediately thereafter, in like manner and within the period above required, and child to report its birth to the Commissioner of Health. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1896 J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF BIRTH. 77450

GIVEN NAME ADDED 8/9/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

THOMAS LEONARD REEDER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 2nd 1896
4. *Place of Birth, (Street and Number)* 539 Barre St
5. *Full Name of Mother,* Allie Reeder
6. *Mother's Maiden Name,* Allie Muse
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Alphonse Reeder
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks. Hedgonda Clefer 734 St Peter St

8960004121

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 77451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Oct. 3d 96.

4. Place of Birth. (Street and Number) 1109 Procter St.

5. Full Name of Mother, Margaret Davy

6. Mother's Maiden Name, Cryan

7. Mother's Birthplace. Ireland

8. Full Name of Father, Michael Davy

9. Father's Occupation Labor

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Henry O'Shea

Address, 702 Fremont Ave

Remarks. 1896000 4122

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should any or parents of such attendance upon birth to be Commissioner of Health, comply with the provisions of this section shall be immediately thereafter, it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable, jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-25-57

RETURN OF A BIRTH. 77452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Andrew George Zwingler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 Oct. 1896
4. Place of Birth, (Street and Number) 710 S. Register Ste.
5. Full Name of Mother, Katie Zwingler
6. Mother's Maiden Name, Heldt
7. Mother's Birthplace, (State) Baltimore
8. Full Name of Father, Louis Zwingler
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Protte

Address, 838 S. Bond Ste.

Remarks,

1896 0004123

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth of such child, it shall become the duty of the person occupying the house where such birth occurs, within five days thereafter, to report the same to the Commissioner of Health, in the manner and with the particulars required, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine or fine or (by) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, [illegible]

4. Place of Birth, (Street and Number) [illegible]

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks.

8960004124

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 259. If each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned; any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)
2. Race or Color, (~~if not of the white race~~)
3. Date of Birth, Aclr 24 5
4. Place of Birth, (Street and Number) 12 S. Broadst
5. Full Name of Mother, Elizabeth Ulrich
6. Mother's Maiden Name, Rettberg
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Ulrich
9. Father's Occupation, Baker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A. Sherbow MD

Address, 28 W Preston St

Remarks,

1 8 9 6 0 0 0 4 1 2 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in charge of such child, the mother, immediately thereafter, shall become the duty of the person or parents of such child to give notice of such birth as aforesaid, and with the particulars above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance who shall immediately thereafter, in like manner notify the person or parents of such child to report the birth to the Commissioner of Health, the person or parents of such child shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st (First)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 4th 1896
4. Place of Birth, (Street and Number) 1606 E Oliver Street
5. Full Name of Mother, Olivia Rebecca Boark
6. Mother's Maiden Name, Olivia Rebecca McCubbin
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, George Wilton Boark
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, James E Whitty M.D.

Address, 1819 Virginia Street

Remarks,

8960004126

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 Oct.
4. Place of Birth, (Street and Number) S. Durham Str. 1810
5. Full Name of Mother, Minnie Mehel
6. Mother's Maiden Name, Losch
7. Mother's Birthplace, Bl. Baltimore
8. Full Name of Father, Charles Mehel
9. Father's Occupation Work-man
10. Father's Birthplace, Baltimde

Name of Medical Attendant, or other person who makes this Return,

Address, 838 S. Bond Str.

Remarks, Mary Preth

8960004127

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, it shall be the duty of any other person in attendance upon the mother, immediately thereafter, if he shall become the duty of the person occupying such position to make such return. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 11 th
4. Place of Birth, (Street and Number) 931 Argyle Ave
5. Full Name of Mother, Mary Pinkney Wroughy
6. Mother's Maiden Name,
7. Mother's Birthplace, Talbot Co md
8. Full Name of Father, James Pinkney
9. Father's Occupation, porter
10. Father's Birthplace, Harford county md

Name of Medical Attendant, or other person who makes this Return, Mrs Annie Johnson

Address, 704 Tyson st

Remarks,

1896000428

Wm. J. C. Dulany Co., City Printers and Stationers.

The following is a copy of the first three sections of the act of 1896, chapter 178, entitled "An act to provide for the registration of births, marriages and deaths in the State of Maryland, and to punish violations of the same," which shall be printed on the back of every blank return of a birth, marriage or death issued by the Registrar of Vital Statistics of Baltimore City:

SECTION 1. Be it enacted by the General Assembly of Maryland, That the Board of Health of Baltimore City shall appoint a Registrar of Vital Statistics, who shall hold his office during the pleasure of the Board, and shall receive such salary as the Board may determine, payable monthly by the Comptroller of Baltimore City. The Registrar shall appoint such clerks as may be necessary to perform the duties of his office, and shall receive such salary as the Board may determine, payable monthly by the Comptroller of Baltimore City. The Registrar shall keep his office open for the transaction of business every day in the year except Sundays, Christmas Day, New Year's Day, Thanksgiving Day, Good Friday, and every day on which an election is held in Baltimore City, from 9 o'clock A. M. to 4 o'clock P. M.

SEC. 2. And be it enacted, That the Registrar shall provide and keep a record of births, marriages and deaths, and shall provide blank forms for the return of births, marriages and deaths, and shall prepare and have printed such forms as may be necessary for the proper execution of the duties of his office. The Registrar shall also provide blank forms for the return of births, marriages and deaths, and shall prepare and have printed such forms as may be necessary for the proper execution of the duties of his office. The Registrar shall also provide blank forms for the return of births, marriages and deaths, and shall prepare and have printed such forms as may be necessary for the proper execution of the duties of his office.

SEC. 3. And be it enacted, That the Registrar shall receive and record all returns of births, marriages and deaths, and shall issue certificates of the same, and shall perform all other duties required of him by this act. The Registrar shall receive and record all returns of births, marriages and deaths, and shall issue certificates of the same, and shall perform all other duties required of him by this act. The Registrar shall receive and record all returns of births, marriages and deaths, and shall issue certificates of the same, and shall perform all other duties required of him by this act.

CERTIFICATE CORRECTED 2-15-52

RETURN OF A BIRTH. 77458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas Patrick McGeer

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) W.
3. *Date of Birth*, Sept. 3rd 76
4. *Place of Birth*, (*Street and Number*) 2706 Huntington ave
5. *Full Name of Mother*, Nora McGeer
6. *Mother's Maiden Name*, Finnessy
7. *Mother's Birthplace*, Ire
8. *Full Name of Father*, James McGeer
9. *Father's Occupation*, Carpenter
10. *Father's Birthplace*, Ireland

Name of Medical Attendant, or other person who makes this Return, Henry O'Connell

Address, 702 Freedmans ave

Remarks,

B 960004129

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in charge of such child, the mother, immediately after the birth of such child, shall report the same to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. ♂
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	5. October
4. *Place of Birth, (Street and Number)*	1601. Clinton Place.
5. *Full Name of Mother,*	Kate Young.
6. *Mother's Maiden Name,*	Kate Burnham.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Charles Young.
9. *Father's Occupation*	Saloon keeper.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Mary Kloss.
Address,	1609 N. Wolfe Street.
Remarks,	

8960004130

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, then it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the time prescribed by this section. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 2 1896
4. Place of Birth, (Street and Number) 12 Hoch st.
5. Full Name of Mother, Jennie Harz
6. Mother's Maiden Name, Nothing
7. Mother's Birthplace, Baltic
8. Full Name of Father, Jurge Harz
9. Father's Occupation Workmann
10. Father's Birthplace, Baltic

Name of Medical Attendant, or other person who makes this Return, Caroline Schwarz

Address,

Remarks,

8960604131

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, who shall within the period above required, and in the manner and within the time above specified, report the birth of such child to the Board, hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-28-57

RETURN OF A BIRTH 77461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Jane Louise Placid Daly 5th c

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race) W
3. Date of Birth, Oct 5 1896
4. Place of Birth, (Street and Number) Cathedral & Chase
5. Full Name of Mother, Jane H Daly
6. Mother's Maiden Name, Jane Hillman
7. Mother's Birthplace, Balto
8. Full Name of Father, Owen Daly
9. Father's Occupation, Broker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. C B Gammell M.D.

Address, 925 Park

Remarks,

8960004132

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the mother, or in case of her inability, the person who shall attend upon her during her confinement shall thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 77462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 5th 1896.
4. Place of Birth, (Street and Number) 730 Franklin st.
5. Full Name of Mother, Amelia V. Heard.
6. Mother's Maiden Name, Amelia V. Kaufman.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, Thomas F. Heard.
9. Father's Occupation Salesman.
10. Father's Birthplace, York Penna.

Name of Medical Attendant, or other person who makes this Return. John S. Pennington M.D.

Address, 1716 Linden Ave.

Remarks,

8960004133

and no child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, and no other certificate is in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and until such report is made, the said person or parents of such child shall be deemed guilty of a misdemeanor, and subjected to the fine of ten [10] dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) color
3. Date of Birth, 5 of October
4. Place of Birth, (Street and Number) Ward st 1437
5. Full Name of Mother, Alverta Bailey
6. Mother's Maiden Name, Alverta King
7. Mother's Birthplace, Annapolis
8. Full Name of Father, George Bailey
9. Father's Occupation Labl
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Grace Harris

Address, 818 Stackholand St

Remarks,

1 8 9 6 0 0 0 4 1 3 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth occurs without the attendance of a physician or practitioner of midwifery, of the person or parents of such child or some one of them, shall be required to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, shall be required to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 77467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Teresia Baumgartner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, 5th 12 24
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible] (Ethel Baumgartner)
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible] (Baumgartner)
9. Father's Occupation [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

8960004135

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person have attendance upon the mother, immediately thereafter, it shall be the duty of such person to report the birth of such child to report in like manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 6 1896
4. Place of Birth, (Street and Number) 824 E. Pratt St
5. Full Name of Mother, Libby Merlovitz
6. Mother's Maiden Name, L. Cuper
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Merlovitz
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Chas Finchbeck

Address, 23 Lloyd St.

Remarks,

8960004136

Wm. J. C. Dulany Co., City Printers and Stationers.

Notice.—Physicians and Midwives, duly signed by the Mayor, over the seal of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should the mother or parents of such child be unable to make the return required by this section, then it shall become the duty of the owner or occupier of the premises where such birth occurs, or the nearest relative present, to make such return within the period above required, and attendance upon the Commissioner of Health, to comply with the provisions of this section shall be punished by a fine of not less than one (1) dollar nor more than ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall hereafter fail to make such return, or who shall neglect or refuse to attend upon the Commissioner of Health, to comply with the provisions of this section shall be punished by a fine of not less than one (1) dollar nor more than ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Single
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 5th 1896
4. Place of Birth, (Street and Number) 1025 E. Madison St.
5. Full Name of Mother, Elizabeth K. Cavenaugh
6. Mother's Maiden Name, Elizabeth K. Isennock
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Scott Cavenaugh
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Albert L. Atkinson, M.D.

Address, 1031 N. Caroline St

Remarks,

8960004137

Wm J C. Dulany Co., City Printers and Stationers.

Every case of child birth in the City of Baltimore shall be reported to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall be the duty of the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, Perry Francis Pickering Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 6 1896
4. Place of Birth, (Street and Number) 1109 Eutaw Ave.
5. Full Name of Mother, Fannie R. Pickering
6. Mother's Maiden Name, " Wright
7. Mother's Birthplace, Balto. City
8. Full Name of Father, George R. Pickering
9. Father's Occupation Oyster shucker
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Dr. C. C. Schmidt M.D.

Address, 1408 Riverside Ave

Remarks,

8960004138

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Born Oct 6th 1896
4. Place of Birth, (Street and Number) No 14 Register St. Baltimore Md.
5. Full Name of Mother, Sarah Gray
6. Mother's Maiden Name, Unmarried
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Tom Permsance
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Georgeanna ~~Hoffman~~ Bullock

Address, 757 E. Mulberry St

Remarks. No remarks

8960004139

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth occur without the attendance of a physician or practioner of midwifery, or the person or parents of such child are not able to furnish the information required, the undertaker who shall bury the dead body of such child, or any person who shall bury or dispose of the dead body of such child without a certificate of birth, shall forfeit to the Commissioner of Health, to comply with the provisions of this section shall be liable to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 6, 1896
4. Place of Birth, (Street and Number) 1027 Madison Ave
5. Full Name of Mother, Jennie Foster Bowman
6. Mother's Maiden Name, Jennie Foster
7. Mother's Birthplace, Pentsville Va
8. Full Name of Father, Jaquelin Marshall Bowman
9. Father's Occupation Banker
10. Father's Birthplace, Danville Va

Name of Medical Attendant, or other person who makes this Return, Cora Belle Brunelin M.D.

Address, 1027 Madison Ave Baltimore Md

Remarks,

1896000414 0

This certificate is to be made out by the person in attendance at the birth, or in case there be no such person in attendance, then by the father or mother of the child, or the householder in whose house the birth occurs, or if it occur elsewhere than in a house, then by the person having charge of the child, within five days after the birth occurs, and delivered to the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of a first child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, and in default of such report as herein required, such person or persons shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.) 3rd

1. Sex, (state whether ~~male or~~ female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 7th 1896
4. Place of Birth, (Street and Number) 1018 N. Mount St.
5. Full Name of Mother, Anna M. Stearns
6. Mother's Maiden Name, Anna M. Bergman
7. Mother's Birthplace, Baltimore City. Md.
8. Full Name of Father, Edward J. Stearns
9. Father's Occupation Telegraph Operator
10. Father's Birthplace, Baltimore City. Md.

Name of Medical Attendant, or other person who makes this Return, Theodore Cook M.D.

Address, 914 N. Charles St. City

Remarks,

8960004141

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st.

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* August 1st 96.
4. *Place of Birth,* (*Street and Number*) 807 George St.
5. *Full Name of Mother,* Janet M. Foy
6. *Mother's Maiden Name,* Janet M. Reid
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Charles H. Foy.
9. *Father's Occupation* Clerk
10. *Father's Birthplace.* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Henry C. Chee, M.D.

Address, 1203 W. Baltimore St.

Remarks,

8960004142

said schedule shall be delivered, duly signed by the practitioner in the case of a certificate to be sent by mail as aforesaid, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and with the forms of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 7th 1896
4. Place of Birth, (Street and Number) 1446. Light . St
5. Full Name of Mother, Martha R Wolff
6. Mother's Maiden Name, Martha R. Martin
7. Mother's Birthplace, Germany
8. Full Name of Father, Richard Wolff.
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Ellamora A. Anderson

Address, 1434. Patapsco. St

Remarks,

5960004143

Every birth is to be certified by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and every person who shall neglect or refuse to report the birth of any child as aforesaid, or who shall neglect full to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7.7473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 7 October

4. Place of Birth, (Street and Number) 227 N. Bond St

5. Full Name of Mother, Jennie Brison

6. Mother's Maiden Name, " Hyatt

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Louis Brison

9. Father's Occupation Painter

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. R. Hilling

Address, 302 E. Fayette St

Remarks,

B 9 6 0 0 0 4 1 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. Be it further enacted, That every certificate required by the foregoing section to be signed by the practitioner in the form of a certificate between the 1st and 5th days of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in charge of the case, at the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practioner of midwifery, or should no other person be in attendance within the time above specified, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above specified, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 7. 1896

4. Place of Birth, (Street and Number) 2040 Gough St.

5. Full Name of Mother, Martha H. Reign

6. Mother's Maiden Name, Martha N. Thomas

7. Mother's Birthplace, Balto. md

8. Full Name of Father, David M. Reign Jr.

9. Father's Occupation, Farmer

10. Father's Birthplace, Balto. md

Name of Medical Attendant, or other person who makes this Return. W. F. Johnson M.D.

Address, 1916 East Preath St.

Remarks,

8960004145

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...ician or midwife shall become the duty of the person or parents of such ...ild to report the birth to the Commissioner of Health, in the manner and within the period above specified, and ...attendance upon the mother. Immediately after the birth of any child, it shall be the duty of the attendant upon the mother, if there be no attendant, or if no other person be in ...child to report the birth to the Commissioner of Health, in the manner and within the period above specified; and ...said office of each and every month to the office of the Commissioner of Health, or should no other person be in ...shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such ...and no person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Ch

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 7th 1896.
4. Place of Birth, (Street and Number) 653 Constitution St.
5. Full Name of Mother, Mary Murphy
6. Mother's Maiden Name, Mary Lacy
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick John Murphy
9. Father's Occupation, Iron worker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, H Pallack M.D.

Address, 1112 Eutaw St north.

Remarks,

8960004146

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, to case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person required, and aforesaid, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. SULLIVAN CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 77476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Wednesday 7th 1896 Oct—
4. Place of Birth, (Street and Number) 1100 N Balto st
5. Full Name of Mother, Fela Diamond
6. Mother's Maiden Name, Fela Goldman
7. Mother's Birthplace, Russia
8. Full Name of Father, Robert Diamond
9. Father's Occupation Clothing Business
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 23 N Eappelton st

Remarks,

R [illegible]

8960004147

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 8th 1896
4. Place of Birth, (Street and Number) No 1409 Druid al
5. Full Name of Mother, Louisa Smith
6. Mother's Maiden Name, Louisa Bartlett
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adolphus Smith
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Horning

Address, No 1317 Byrd st

Remarks,

8960004148

Wm. J. C. Dulany Co., City Printers and Stationers.

This certificate is required by law to be given to the undertaker before any interment can be made, and must be delivered by him to the Sexton or other person in charge of the burial ground. Every Physician, Midwife or other person who shall attend upon any birth, shall, within ten days thereafter, make a return thereof to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or head of the family where such birth occurs, to make the return required, and such return must be made within ten days after the birth. If the mother shall within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the time above required, such mother shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable. Every person required by law to make a return of birth, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 77478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of each child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten to dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* October 8th 1896
4. *Place of Birth (Street and Number),* 55 E Montgomery st
5. *Full Name of Mother,* Maggie Miles
6. *Mother's Maiden Name,* Maggie Miles
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Wm. J. Stewart
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return. M. L. Hooper M.D.

Address, 1407 Hanover st

Remarks,

8960004149

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 77479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 8 th 1892
4. Place of Birth, (Street and Number) No. 18 Lebanon St
5. Full Name of Mother, Lena Klein
6. Mother's Maiden Name, Lena Rodenbach
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard Klein
9. Father's Occupation Teamster
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960004150

Wm. J. C. Dulany Co., City Printers and Stationers.

...ten cents. § 2. Be it made and occupation of the parents, the date and place of birth and the ...ten cents. § 3. Be it ...delivered, duly signed by the practitioner in the form of a certificate setting forth the date and ...said schedule shall, and every month to the office of the Commissioner of Health, or should no other person be in ...shall occur without the attendance of a physician or midwife, or should no other person be in ...attendance upon the mother, the Commissioner of Health, in the manner and within the time prescribed in ...child to report the birth to the Commissioner of Health, in the manner and within the time prescribed in ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub...jected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

77480

Ser No. of Children 2
Race White. Date Oct the 8. 1876
Place of Birth 1310 N Pratt St
Full name of Mother Mary Richardson
Mothers maiden name Mary O Connor
Mothers Birth place Baltimore Md
Fathers full name William Richardson
Fathers occupation Carpenter.
Birth place North Hampton [illegible]
Attendent Mrs Thorn
1310 N Pratt St

18960004151

RETURN OF A BIRTH. 77481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 7 1896
4. Place of Birth, (Street and Number) 620 Eleventh st
5. Full Name of Mother, Anna Brendel
6. Mother's Maiden Name, Warhoff
7. Mother's Birthplace, Balto
8. Full Name of Father, John Brendel
9. Father's Occupation Workman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Carlina Schuart

Address, 484 E. Fort Ave

Remarks,

1896004152

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 77482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9na
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Oct 7th 1896
4. *Place of Birth, (Street and Number)*	525 Lorain St
5. *Full Name of Mother,*	Bridget Hunt
6. *Mother's Maiden Name,*	" Lorain
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James Hunt
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs M. Mongan
Address,	412 Scott St
Remarks.	

1896000453

Wm. J. C. Dulany Co., City Printers and Stationers.

saith schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the district or ward in which the birth shall occur without the attendance of a physician or midwife, or shall, no other person be in attendance upon such mother, after the birth of her child, it shall become the duty of the person or parents of such child to report the same within the period above required, and all persons who shall neglect or refuse to comply with the provisions of this section shall be liable to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 77483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4th day of October 1895.
4. Place of Birth, (Street and Number) Wall n. Baltimore City
5. Full Name of Mother, Barbara Horning
6. Mother's Maiden Name, Barbara Mickler
7. Mother's Birthplace, Germany
8. Full Name of Father, Andrew Horning
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Minnie M. Goeller

Address, 1703 Hanover st. Baltimore City

Remarks,

1 6 9 6 0 0 0 4 1 5 4

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the Registrar, to the Commissioner of Health. In case the birth of any child shall occur without the city, immediately thereafter, it shall become and within the period above required, and at the same time, the duty of the physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be a misdemeanor, and any such person or persons who shall neglect or refuse to do so shall, on conviction thereof, be fined for each offense, to be recovered as other fines and forfeitures are recoverable, in the sum of ten (10) dollars for each offense.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 77484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 10th 96
4. Place of Birth, (Street and Number) 318 S. Ottawa St.
5. Full Name of Mother, Annie T. Ikler
6. Mother's Maiden Name, Annie T. Spearman
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Geo. F. Ikler
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Ikler, M.D.

Address, 1203 W. Fayette St.

Remarks.

18960004155

Said Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report the birth as soon as practicable, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	10. October
4. *Place of Birth, (Street and Number)*	N. 202. Chapel Street.
5. *Full Name of Mother,*	Caroline Fritsch.
6. *Mother's Maiden Name,*	Caroline Tochterman.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Ambrosius Fritsch
9. *Father's Occupation*	Tinner
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Mary Kloss.
Address,	S. E. Nord. Wolfe. Sts.
Remarks,	

1896000 4156

Wm. J. C. Dulany Co., City Printers and Stationers.

been committed, the sex, color, time and occupation of the parent, as the case may be, as is required by the first and second sections of this act, and every such certificate shall be delivered only signed by the practitioner of midwifery, or other person who shall have attended the mother at her confinement, to the Commissioner of Health. In case the father or mother of such child or children shall be absent, then the certificate shall be signed by the person who shall have attended the mother at her confinement. And the Commissioner of Health shall cause to be printed and delivered to each practitioner of midwifery, or other person who shall have attended the mother at her confinement, as aforesaid, a sufficient number of blank certificates, as by this act required, to supply such practitioner of midwifery, or other person who shall have attended the mother at her confinement, as aforesaid, with the said certificates for one year thereafter. And every such practitioner of midwifery, or other person who shall have attended the mother at her confinement, as aforesaid, shall, on or before the fifth day of each and every month, report to the office of the Commissioner of Health the number of births which shall have occurred within the period above required, and which he or she shall have attended, and shall make a like report every month thereafter, if any shall have occurred within the said period, and shall, at the same time, deliver to the Commissioner of Health all certificates which he or she shall have received from the parents of such child or children, in accordance with the provisions of this section. And if any such practitioner of midwifery, or other person who shall have attended the mother at her confinement, as aforesaid, shall neglect or refuse to report as aforesaid, or shall neglect or refuse to deliver to the Commissioner of Health the certificates aforesaid, or shall neglect or refuse to give the information required by this section, or shall knowingly give false information, he or she shall forfeit and pay for each offence a sum not exceeding twenty dollars, to be recovered as other fines and forfeitures are recoverable. And it shall be the duty of the Commissioner of Health to prosecute for the same, and any such person convicted thereof shall be subjected to the fine or fines (not exceeding twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable. And it shall be the duty of the Commissioner of Health to prosecute for the same, and any such person convicted thereof shall be subjected to the fine or fines (not exceeding twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable. And it shall be the duty of the Commissioner of Health to prosecute for the same, and any such person convicted thereof shall be subjected to the fine or fines (not exceeding twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable. And it shall be the duty of the Commissioner of Health to prosecute for the same, and any such person convicted thereof shall be subjected to the fine or fines (not exceeding twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) Female
2. Race or Color. (if not of the white race) Colored race
3. Date of Birth, Born Oct 10th 1896
4. Place of Birth, (Street and Number) 232 Orleans St. Baltimore Md.
5. Full Name of Mother, Lizzie Gaskielas
6. Mother's Maiden Name, Lizzie Young
7. Mother's Birthplace, North Carolina
8. Full Name of Father, John Gaskields
9. Father's Occupation Sailor
10. Father's Birthplace, Eastern Shore Market Forche County

Name of Medical Attendant, or other person who makes this Return, Georgeanna Brooks

Address, 1751 E. Fullerton St.

Remarks. Negro baby weighs six pounds and a half

8960004157

Wm. J. C. Dulany Co., City Printers and Stationers

Every midwife or person other than a physician or surgeon who shall attend upon any birth, shall, within ten days thereafter, report to the Commissioner of Health, in the manner and upon the blanks furnished by him, the sex, color, the full name and occupation of its parents, the date and place of birth and the full address of the mother, and shall deliver to the Commissioner of Health a certificate to the effect that the first and said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate as aforesaid, within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance, the father or mother of such child, if able to do so, shall make the return required by this section, and shall deliver the certificate of birth to the Commissioner of Health, in the manner and within the time provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 11th 96
4. *Place of Birth, (Street and Number)* 905 Pennsylvania Ave.
5. *Full Name of Mother,* Minnie Greenebaum
6. *Mother's Maiden Name,* Minnie Goldenberg
7. *Mother's Birthplace,* Ottumwa, Iowa
8. *Full Name of Father,* David Greenebaum
9. *Father's Occupation* Clothing merchant
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohler, Grad.

Address, 1203 N. Fayette St.

Remarks,

1896 0004158

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name of such physician or midwife, if any was present at the birth, and the certificate shall be delivered, duly signed by the practitioner in the form of a certificate, within five days and the third day of such delivery, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth. October 12. 1896.

4. Place of Birth, (Street and Number) No 2004 Boker St

5. Full Name of Mother, Susanna Wechselberger

6. Mother's Maiden Name. Susanna Zapf

7. Mother's Birthplace, Bavaria

8. Full Name of Father, Joseph Wechselberger

9. Father's Occupation Silversmith.

10. Father's Birthplace, Tyrol, Austria

Name of Medical Attendant, or other person who makes this Return. W. C. Sandrock

Address. 1242 N. Broadway.

Remarks. Premature birth of 6½ months

Child born 8960004159

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been conferred its sex, color, the name given to the child, as far as ascertained, and such other particulars as are required to be stated in the form of a certificate between the first and third days of each month. Every person who shall neglect or refuse to report the birth of any child as aforesaid, or who shall report the birth of any child otherwise than as required by this section, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offence. And it shall be the duty of each and every midwife who shall be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, until the certificate of birth shall be delivered, duly filled out, to the Commissioner of Health. In case the midwife shall neglect or refuse to report the birth of any child as aforesaid, or who shall report the birth of any child otherwise than as required by this section, she shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 12 th 1896
4. Place of Birth, (Street and Number) No 1117 Leadenhall St
5. Full Name of Mother, Harriet Hackley
6. Mother's Maiden Name, Harriet Wootton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Hackley
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1317 Byrd St

Remarks,

8960-041160

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered. Any signed by the respectfuner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the mother or parents of such child or other person in attendance upon the mother shall within the period above required, and immediately upon the birth to the Commissioner of Health, comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 12-96
4. Place of Birth, (Street and Number) 1930 E. Lombard
5. Full Name of Mother, Eva Hamburg
6. Mother's Maiden Name, Eva Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James - Hamburg
9. Father's Occupation, Carpenter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. J. B. Bennett M.D.

Address, 23 S. Broadway

Remarks,

8960004161

Wm J C. Dulany Co., City Printers and Stationers.

Every person who shall hereafter neglect to report the birth of any child as required by the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 12 1896
4. Place of Birth, (Street and Number) 994 Falls Road
5. Full Name of Mother, Emma Duvall
6. Mother's Maiden Name, Emma Martin
7. Mother's Birthplace, Md
8. Full Name of Father, William Duvall
9. Father's Occupation Farmer B. & O. R.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Henry L. Davis

Address, 702 Fredderick Ave

Remarks, 8960004162

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the physician or midwife in attendance at the birth, if any. Such certificate shall be filled out and signed by the practitioner in the form of a certificate for the return of the birth of any child born after such date, and every such physician or midwife, or should no other person be in attendance upon the mother, householder or inmate of the house in which any child is born, who shall neglect or refuse to make such return of the birth of any child which shall occur without the attendance of a physician or midwife, or should become the duty of the person or parents of such child to report its birth, as aforesaid, or shall fail to comply with the provisions of this section shall be subject to the fine or fine and imprisonment as hereinafter provided. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, OCT 12 1896
4. Place of Birth, (Street and Number) 1707 W Lexington St
5. Full Name of Mother, Mary A. Callahan
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Frank A. Callahan
9. Father's Occupation Book Merchant
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return Joseph L. Duncan, M.D.

Address, 1035 W Lexington St

Remarks, L. O. J. A.

6960004163

said schedule shall be delivered, duly signed by the practitioner in the case of the certificate between the 1st and 5th days of each and every month to the office of the Commissioner of Health, in the manner and within the periods of time prescribed by the rules and regulations of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 5 1896
4. Place of Birth, (Street and Number) 1457 Parrish alley
5. Full Name of Mother, Georgia Clayton
6. Mother's Maiden Name, Georgia Spriggs
7. Mother's Birthplace, Randolph Co Md
8. Full Name of Father, Wilbert Clayton
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1610 Vincent st

Remarks,

8960004164

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. If such birth occurs in a hospital, it shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon such mother at the time of such birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Oct 5 1896
4. Place of Birth, (Street and Number) 719 N Dallas Street
5. Full Name of Mother, Fizzie Blake
6. Mother's Maiden Name, Fizzie Jones
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Blake
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Prof W Dobbin M D

Address, The Johns Hopkins Hospital

Remarks,

1896 0004165

been counted. Its sex, color, [illegible] name in Occupation [illegible] the certificate in the form of a certificate between the first and said schedule shall be delivered, duly signed by the certificate, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. All persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the first case, or the person making the return in the second case, within the first and third stay of each and every month to the office of the Commissioner of Health. In case there is no practitioner in attendance upon the birth, the mother, immediately thereafter, shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 7 - 1876
4. Place of Birth, (Street and Number) Balto City 153 Rogers ave
5. Full Name of Mother, Julia Light
6. Mother's Maiden Name, Julia Hopkins
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Joshua Light
9. Father's Occupation, Hooker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return Clara A. Brent

Address, 219 Rogers ave

Remarks, every one right

5960004166

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 Oct.
4. Place of Birth, (Street and Number) S. Dallas Sty. 723
5. Full Name of Mother, Paulina Gragilly
6. Mother's Maiden Name, Tomastini
7. Mother's Birthplace, Hungary
8. Full Name of Father, Majla Gragilly
9. Father's Occupation Boatbuilder maker
10. Father's Birthplace, Hungary

Name of Medical Attendant, or other person who makes this Return, 838 S. Bond Sty.

Address, Mary Pratt.

Remarks,

8960004167

Wm. J. C. Dulany Co., City Printers and Stationers.

being conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the case of a certificate between the first and third day of each and every month to the officer or practioner of midwifery, or should no other person be in attendance, then the attendant immediately thereafter. It shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed by any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 8 1896
4. Place of Birth, (Street and Number) 409 E Lanvale St
5. Full Name of Mother, Augusta Roth
6. Mother's Maiden Name, Jesse
7. Mother's Birthplace, Maryland
8. Full Name of Father, Geo Roth
9. Father's Occupation Rapid road Employe
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Geo W Robbins M.D.

Address, The Johns Hopkins Hospital.

Remarks,

8960004168

Wm. J. C. Dulany Co., City Printers and Stationers.

month an full name, sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, including the child last born, which information shall be given to the Commissioner in the form of a certificate between the first and tenth days of each and every month to the Physician or practicioner or midwife, if any, in attendance upon the birth of any child born in the City of Baltimore, and if there shall be no such Physician or practicioner or midwife in attendance upon the birth of any child, then it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, in like manner and within the period above limited, and shall occur without the attendance immediately thereafter, it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, in like manner and within the period above limited, and in default thereof such person or persons who shall have failed to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CERTIFICATE CORRECTED 5-1-53 Rose Ellen Gregory

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3 Date of Birth, Oct. 7, 8th x 1896

4. Place of Birth, (Street and Number) 1529 E. Madison St

5. Full Name of Mother, Mattie Gregory (Taylor)

6. Mother's Maiden Name, Mattie Taylor

7. Mother's Birthplace, Balto

8. Full Name of Father, William J. Gregory

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. J. Gorter M.D.

Address, 1435 Orleans St

Remarks, 8460004169

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred since the ... month, and shall set forth the full name of each child, if any shall have been christened, the sex, color, date and place of birth, the full name and residence of the parents, and the maiden name of the mother, and the occupation of the father, and the birthplace of each parent. And the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the parent or parents, householder, or other person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Oct 8 1896
4. Place of Birth, (Street and Number) 709 Donnelly Court
5. Full Name of Mother, Minnie Weeks
6. Mother's Maiden Name, " Emerson
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Weeks
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Geo to Dobbin M.D.

Address, The Johns Hopkins Hospital.

Remarks,

8960 04170

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, October 4th 1896
4. Place of Birth, (Street and Number) Lee st No 126
5. Full Name of Mother, carter Tanner
6. Mother's Maiden Name, carter Chanler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, archy Tanner
9. Father's Occupation Labor
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return, carrah Jane Skinner

Address,

Remarks,

8960004171

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or mother, or, should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified; and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 Oct.
4. Place of Birth, (Street and Number) 831 S Bond Ste.
5. Full Name of Mother, Frances Jaukee
6. Mother's Maiden Name, Rozgalsky
7. Mother's Birthplace, Pole
8. Full Name of Father, Andy Jaukee
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prott.

Address, 838 S Bond Ste.

Remarks,

8960004172

Wm. J. C. Dulany Co., City Printers and Stationers.

From the parent(s) its sex, color, the full name and occupation of its parents, the date and place of birth; and the person conferred) shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or practitioner of midwifery, or should no other person be in said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above recited; and any such person or persons who shall herein offend in any of the particulars above recited, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 10th
4. Place of Birth, (Street and Number) 217 W Centre st City
5. Full Name of Mother, Catherine F Murray
6. Mother's Maiden Name, Catherine F Dare
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michael F Murray
9. Father's Occupation Watchman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C Jones 515 Hadprom st

Address,

Remarks,

5960004173

month, and shall set forth as far as the same can be ascertained by inquiry of its parents, the date and place of birth, and the name, color, sex, and residence of the child; and the said return shall be signed by the practitioner in the form of a certificate between the first and last lines of the certificate of birth. In case no physician or midwife shall have been concerned, then the said return shall be signed by the householder or owner of the house in which such birth occurred, or by the nearest person present at the birth, or in case the birth occurs in a hospital, institution, or boarding house, then by the manager, superintendent or principal officer thereof. Such return shall be made every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately after the birth, the person so in attendance shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 77503

GIVEN NAME ADDED 7/27/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ella Grace Josselyn

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) 3 C

1. Sex (state whether male or female), Femal.
2. Race or Color (if not of the white race), White
3. Date of Birth, October 10 1896
4. Place of Birth (Street and Number), 515 Aisquith St
5. Full Name of Mother, Sallie L. Josselyn.
6. Mother's Maiden Name, " " Armiger.
7. Mother's Birthplace, Cecil Co. Md. Elkton, Md.
8. Full Name of Father, Elmer Josselyn.
9. Father's Occupation, Confectionary
10. Father's Birthplace, State of Maine.

Name of Medical Attendant, or other person who makes this Return. E. Hand, M.D.

Address, 202 Aisquith St

Remarks, Natural and Legal

B 960004174

ferred), the sex, color, the full name and residence of parents, and certificate between the first and third day of each and every month to the office of the Commissioner of Health. It shall be the duty of the physician or midwife, or other person who shall deliver any woman of child within the city of Baltimore, to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 77504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 10, 1896
4. Place of Birth, (Street and Number) 904 Morris alley
5. Full Name of Mother, Francis Holland
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto city
8. Full Name of Father, Isham Holland
9. Father's Occupation Md -
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. O. Edward Lamney M.D.

Address, 837 N. Eutaw st

Remarks,

B 9 6 0 0 0 4 1 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

tion 1, that it shall be the duty of the attending physician or midwife, or other person in charge, within ten days after the birth, to report the full name and occupation of its parents, the date and place of birth and the sex, color and race of the child, which report shall be verified by the signature of the reporter, and if no person was in attendance upon the mother at the birth or for the proper time after, then it shall be the duty of the father or mother of such child, only signed by the practitioner in the form of certificate here given. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth as required by this section within ten days after the occurrence thereof, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject on conviction to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 11th 1896.
4. *Place of Birth, (Street and Number)*	1111. Cross St
5. *Full Name of Mother,*	Louisa Geyer
6. *Mother's Maiden Name,*	" Mackel
7. *Mother's Birthplace,*	Baltimore. Md
8. *Full Name of Father,*	John J. Geyer
9. *Father's Occupation*	Musician
10. *Father's Birthplace,*	Baltimore. Md
Name of Medical Attendant, or other person who makes this Return,	Addison C. Fox. M.D.
Address,	1205. W Fayette Street
Remarks,	

8960-04175

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Elizabeth Hasler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 11 1896
4. Place of Birth, (Street and Number) 109 Roseland Ave
5. Full Name of Mother, Anna Hasler
6. Mother's Maiden Name, Crozell
7. Mother's Birthplace, Balto
8. Full Name of Father, James L. Hasler
9. Father's Occupation Workingman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Caroline Schwartz

Address, 432 E Fort Ave.

Remarks, GIVEN NAME ADDED 5-28-52

8960004177

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 12 th 1896
4. *Place of Birth, (Street and Number)* 1169 E Lombard st
5. *Full Name of Mother,* Katie Buscick
6. *Mother's Maiden Name,* Auer
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James E Buscick
9. *Father's Occupation* Saloonkeeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, M A Donovan

Address, 2024 E Pratt st

Remarks. So far doing Well

+ 8960004178

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-17-50

RETURN OF A BIRTH. 77508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emanuel Kohner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 12/96
4. Place of Birth, (Street and Number) 407 N. Carey St.
5. Full Name of Mother, Lilly Kohner
6. Mother's Maiden Name, " Steintrimer
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Max Kohner
9. Father's Occupation Jeweler
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Charles Getz M.D.

Address, 32 N. Carey St.

Remarks,

1 8 9 6 0 0 0 4 1 7 9

Wm. J. C. Dulany Co., City Printers and Stationers

Every midwife or person other than a physician or practitioner of midwifery who shall be in attendance upon the birth of any child born within the City of Baltimore, shall, within the period above required, and in the manner and within the time above specified, report to the Commissioner of Health the birth of such child, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person in charge of the case, to the Commissioner in the form of a certificate between the third and fourth days of each and every month; and in case of the absence or inability of a physician or practitioner of midwifery to make such return, the same shall be made by the nearest relative present at the birth, or in case there be no relative present, by the person in charge of the case. In case no midwife or physician be in attendance upon the birth of any child born within the City of the parent or parents of such child, the return of such birth shall be made by the parent or parents of such child, or in case of the absence or inability of the parent or parents, by the nearest relative present at the birth, or in case there be no relative present, by the person in charge of the case. Any person who shall neglect, refuse or fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Monday Oct 12 1896
4. Place of Birth, (Street and Number) 1702 Greenmount Ave
5. Full Name of Mother, Sarah Catharine Bradley
6. Mother's Maiden Name, Sarah Catharine Mayfield
7. Mother's Birthplace, Baltimore Co Md.
8. Full Name of Father, Frederick R Bradley
9. Father's Occupation Laborer
10. Father's Birthplace, Sex Co Del

Name of Medical Attendant, or other person who makes this Return, Mrs Martha Griffin

Address, 1559 Newington Place

Remarks,

1896000418 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Edward T. Ballard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) (Male) ~~Female~~
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, Oct 12
4. Place of Birth, (Street and Number) 431 d Eutaw st
5. Full Name of Mother, Mary Ballard
6. Mother's Maiden Name, Mary Ann Ross
7. Mother's Birthplace, Cambridge
8. Full Name of Father, Samuel Ballard
9. Father's Occupation, Labor
10. Father's Birthplace, Cambridge

Name of Medical Attendant, or other person who makes this Return, Town Lane

Address, 621 Barkhamm st

Remarks,

8960004181

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 77511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Children
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Tuesday 13th 1896 Oct.
4. *Place of Birth, (Street and Number)*	537 Malvern alley
5. *Full Name of Mother,*	Annie M. Crawford
6. *Mother's Maiden Name,*	Annie M. Walden
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	Walter Walker
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Pennsylvania Dr.
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Annie Mason
Address,	537 Malvern Alley Balto Md.
Remarks,	

8960004182

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month next preceding the date of such return, the full name of each child, if it have been named, the sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health, or should no other births of such month, and shall be delivered, duly signed, at the office of the Commissioner of Health, or should no other births of such month have occurred in the practice of such physician or midwife, a return to that effect shall be made. In case the birth of any child shall not be attended by a physician or midwife, the duty of sending the return required above shall devolve upon the father, mother, householder or other person having charge of such child, and the return shall be made within the first ten days of the month next succeeding the birth. Any physician or midwife who shall neglect or refuse to make the return required above, and any person who shall neglect or refuse to make the return required of him or her by the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any physician or midwife who shall neglect or refuse to make the return required above, and any person who shall neglect or refuse to make the return required of him or her by the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 6th
4. Place of Birth, (Street and Number) 1341 Edw. Ave
5. Full Name of Mother, Agnes McKenna
6. Mother's Maiden Name, Agnes Doyle
7. Mother's Birthplace, Balto
8. Full Name of Father, John A. McKenna
9. Father's Occupation, Tailor Business
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Cunningham

Address,

Remarks,

8960004183

Wm. J. C. Dulany Co., City Printers and Stationers.

Rule concerning Births.—Within ten days after the birth of any child, a certificate in the form of a certificate between the first and second columns hereof shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second columns hereof shall be delivered, duly signed by the practitioner in attendance upon such birth, or by the owner or agent of the premises where such birth occurs, to the Commissioner of Health. In case the birth occurs in a hospital, institution or other public building, the certificate shall be signed by the officer in charge thereof. In case there is no practitioner in attendance upon such birth, the certificate shall be signed by the father, mother or other person having charge of such child, or by the owner or agent of the premises where such birth occurs. Every practitioner in attendance upon a birth, and every person required to register a birth, who shall neglect or refuse to comply with the provisions of this section, shall forfeit to the State of Maryland the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

RETURN OF A BIRTH. 77513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 [illegible]
4. *Place of Birth, (Street and Number)* 311 Lowell St
5. *Full Name of Mother,* [illegible] Mary
6. *Mother's Maiden Name,* [illegible] Ball
7. *Mother's Birthplace,* Butte Mont
8. *Full Name of Father,* Charles
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Chas R Abby

Address, 1302 E Lexington

Remarks,

B 9 6 0 0 0 4 1 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

months, and not less than $5 nor more than $20 for each subsequent offence. It is the duty of the father, mother, householder, or other person having charge of the child, to report the birth of such child to the Commissioner of Health, and to comply with the provisions of this section in the manner and within the time prescribed by the Commissioner of Health, under the penalties herein provided. The full name and occupation of the parents, the date and place of birth, and the name of the child, if it has been named, must be given in the certificate to be delivered to the Commissioner of Health. It is the duty of the physician or midwife in attendance upon the birth, or in case there is no physician or midwife in attendance, then it is the duty of the person or persons who shall report the birth to the Commissioner of Health, to deliver to the parents of such child, or to the person having charge of such child, a certificate containing the information required, and setting forth the requirements of this section. Any physician or midwife who shall neglect or refuse to deliver such certificate, or any person who shall report the birth to the Commissioner of Health, who shall neglect or refuse to deliver such certificate, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 11th
4. Place of Birth, (Street and Number) 1014 Hillcoat st
5. Full Name of Mother, Mc Catherine Tolyanne
6. Mother's Maiden Name, Mc Catherine Smith
7. Mother's Birthplace, Balto
8. Full Name of Father, Mathew Tolyanne
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Cunningham

Address,

Remarks,

8960004185

Wm J C. Dulany Co., City Printers and Stationers.

77515

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 12. Oktober
4. *Place of Birth, (Street and Number)* No 1728. Gough. Street
5. *Full Name of Mother,* Margareth. Diedrich.
6. *Mother's Maiden Name,* Margareth. Schweitzer.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Fred. Diedrich.
9. *Father's Occupation* Labourer.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Kloss.

Address, No 9. W. Wolfe. Street

Remarks,

1 8 9 6 0 0 0 0 4 1 8 6

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the
been conferred; its sex, color, the full name and occupation of its parents.
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 77516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 13th 1896
4. Place of Birth, (Street and Number) 28 N Caroline st
5. Full Name of Mother, Amanda Kitrick
6. Mother's Maiden Name, " Schlereth
7. Mother's Birthplace, Buck's Co. Pa
8. Full Name of Father, Patrick Kitrick
9. Father's Occupation, Can maker
10. Father's Birthplace, New York City

Name of Medical Attendant, or other person who makes this Return, Wolfe C. Eisenberg & Bell M.D.

Address, N. E. Cor Bank & Wolfe St

Remarks,

8960004187

Penalty $100.00. Every birth shall be registered in the district in which it occurs within five days after such birth, and before the interment of the body of the child, and the certificate required shall be signed by the practitioner in the case, if there was one in attendance upon the mother, and if not, then by the householder of the house in which the child was born, or by the owner or agent of the building if the mother was not living in a house at the time of the birth of the child. In case the birth of any child shall not be registered as above required, and within the time above specified, the person or persons required to make such registration shall be subject to the penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 77517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 13- 96
4. Place of Birth, (Street and Number) 1420 E. Federal St.
5. Full Name of Mother, Sabra Cora Miller
6. Mother's Maiden Name, " Scott
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William Marshall Miller
9. Father's Occupation Painter
10. Father's Birthplace, Lynchburg Va

Name of Medical Attendant, or other person who makes this Return, Percy Stansbury M.D.

Address, 1422 E Fayette St

Remarks. 1

8960004188

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month, and shall set forth as far as the same can be ascertained from the parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the full name and occupation of the physician or practitioner in the form of a certificate hereinafter directed. And such physician or practitioner as aforesaid shall be delivered, duly signed by the person required to make the same, to the Commissioner of Health. If not no other person is to make such return until the certificate of a physician or practitioner of medicine, or if there be none such, then within the third day of each and every month the undertaker or other person having charge of the interment of any dead body which shall occur without the city, immediately thereafter, shall make a return of the particulars required to be returned in the manner and within the period above stated in relation to births, which return shall be subscribed by the person making the same, and delivered as aforesaid to the Commissioner of Health. If any person required by this section to report the birth of any child or to make the return of the interment of any dead body shall fail to comply with the provisions of this section, such person or persons who shall so offend shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	13th
4. *Place of Birth, (Street and Number)*	2123 Etting st
5. *Full Name of Mother,*	Lilly Mary Harvey Bailey
6. *Mother's Maiden Name,*	Baltzgar
7. *Mother's Birthplace,*	Nelson Harvey
8. *Full Name of Father,*	Porter
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace,*	Mrs Mary Day
Name of Medical Attendant, or other person who makes this Return,	514 Bloom st
Address,	
Remarks,	

8960004189

month, and shall set forth as far as the same can be ascertained the full name or names given to such child, if any, and the full name, residence and occupation of its parents, the certificate between the first and the second births to be signed by the attendant at the latter birth. Every certificate of birth shall be registered within thirty days after the birth thereof, and shall be signed by the practitioner in charge, or if there be no practitioner, by the father or mother of the child, or the householder or owner of the premises where the birth occurred. Every midwife or other person who shall assist at a birth, and every father, mother or householder who shall neglect or refuse to make the return required by this section, shall forfeit and pay for every such offense a sum not exceeding ten dollars, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 77519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 Oct
4. Place of Birth, (Street and Number) S. Bond Sts. 725
5. Full Name of Mother, Mary Lajunstunn
6. Mother's Maiden Name, Raja
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Emil Lajunstunn
9. Father's Occupation Work-man
10. Father's Birthplace, Finnland

Name of Medical Attendant, or other person who makes this Return, Mary Brett

Address, S. Bond Sts. 835

Remarks,

1896000419 0

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and have been conferred; its sex, color, the full name and occupation of its Parents, the date and place of birth. The said schedule shall be delivered, duly signed, at the Commissioner of Health's office within thirty days after the birth of any child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as herein required, and every such person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 13/96
4. *Place of Birth, (Street and Number)*	431 N. Gay St
5. *Full Name of Mother,*	Annie Pearlman
6. *Mother's Maiden Name,*	" Goldberg
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	David Pearlman
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	J. C. Orlendorf M. D.
Address,	518 N. Bond St.
Remarks,	

8960004191

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 13th 1896
4. Place of Birth, (Street and Number) 614 Carrie St
5. Full Name of Mother, Julia Rodgers
6. Mother's Maiden Name, Julia Elliott
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Anthony Rodgers
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Brown

Address, [illegible]

Remarks, [illegible]

18960004192

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Every child born within the limits of Baltimore City, after the first day of January, 1875, shall be registered; and the full name and occupation of its parents, the state and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any practitioner, then it shall become the duty of the person or persons in the house where such birth occurs, and if such birth occurs elsewhere than in a house, then it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 77522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14 September 1896.
4. Place of Birth, (Street and Number) N. Fremont bet e. Pratt Street
5. Full Name of Mother, Elisabeth Honrighausen
6. Mother's Maiden Name, Elisabeth Kinabe
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul Honrighausen
9. Father's Occupation, Saloon keeper
10. Father's Birthplace, Bellburg - Westphalia - Germany

Name of Medical Attendant, or other person who makes this Return. Dr Reinhard

Address, 220 W Madison Street

Remarks,

8460604193

register of said ward, which shall contain a list of the births which have occurred under his or her care in such ward, and shall set forth as far as the same can be ascertained the full name of each child, of such mother, and the date of birth, sex, color, and full name and occupation of the father of each child, and the place where such birth occurred. Upon the receipt of a certificate of birth, and the certificate of the attendance of a physician or practitioner of midwifery, or should no other person have been in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and the duty of each person who shall be in charge of the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed and certified as aforesaid, to the Registrar of Vital Statistics, third day of each month, a like schedule of all births which have occurred in such ward during the child to report its birth to the Commissioner of Health, who shall cause the same to be recorded. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 77523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. Oct 15/96.
4. Place of Birth, (Street and Number) 2049 E. Monument St
5. Full Name of Mother, Annie M. Holman
6. Mother's Maiden Name, Annie M. Packman
7. Mother's Birthplace. Balto. md
8. Full Name of Father, Geo. A. Holman
9. Father's Occupation Pork Packer
10. Father's Birthplace. Balto, md.

Name of Medical Attendant, or other person who makes this Return. H. Harkiese M.D.

Address, 201 N. Bond

Remarks. Born at. Res.

8960004194

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and the year; the full name and occupation of its parents, the date and place of birth, and the name, if any, conferred; its sex, color, and number in order of birth in case of plural births; and such other information as may be required by the practitioner in the form of a certificate to be issued by the Commissioner of Health. It shall be the duty of any physician, midwife, or other person having charge of any case of birth, to report the birth of any child to the Commissioner of Health, in the manner and within the period of time prescribed by the rules and regulations of the Board of Health, and a failure to do so shall constitute a misdemeanor, and shall subject the offender, or should no other person be in attendance upon the mother, the occupier of the premises where the birth occurs, to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. And it shall be the duty of the Commissioner of Health, in the manner and within the period of time prescribed by the rules and regulations of the Board of Health, to report to the Registrar of Vital Statistics the name of every child born in the City of Baltimore, and a failure to do so shall constitute a misdemeanor, and shall subject the offender, or should no other person be in attendance upon the mother, the occupier of the premises where the birth occurs, to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, OCT 15 1896
4. Place of Birth, (Street and Number) 2118 Hollins St.
5. Full Name of Mother, Julia M. Weiss
6. Mother's Maiden Name, " " Sauer
7. Mother's Birthplace, California
8. Full Name of Father, John G. Weiss
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Jos. O. Wunder M.D.

Address, 1035 W. Lafayette St.

Remarks, One of twins. L. O. L. A.

1896000419 5

month, and shall set forth, as far as the same can be ascertained, the name, if any, and surname of the child, the sex, color, if not white, the name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and whether the child be the first, second or other child born between the first and been conferred) its sex, color, if not white, and the name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and whether the child be the first, second or other child born between the first and said schedule shall be duly signed by the practitioner in the form of a certificate, or should no other person be in attendance at the birth of any child born without the attendance of a physician or other person required by this section to report the same, then said schedule shall be duly signed by the mother, if able to write, and if not able to write, then by the person who shall officiate as nurse or midwife at the birth of such child. In case the birth of any child shall occur without the attendance of a physician or other person required by this section to report the same, then said schedule shall be duly signed by the mother, if able to write, and if not able to write, then by the person who shall officiate as nurse or midwife at the birth of such child. And it shall be the duty of the person required, and attendance upon the mother, immediately after the birth of any child, to report to the Commissioner of Health, in the manner and with the particulars required by the provisions of this section, the birth of such child, with such particulars as shall be required by the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. And it shall be the duty of the person required, and attendance upon the mother, immediately after the birth of any child, to report to the Commissioner of Health, in the manner and with the particulars required by the provisions of this section, the birth of such child, with such particulars as shall be required by the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 77524½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, OCT 15 1896
4. Place of Birth, (Street and Number) 2118 Hollins St
5. Full Name of Mother, Julia M. Weiss
6. Mother's Maiden Name, " " Sause
7. Mother's Birthplace, California
8. Full Name of Father, John G. Weiss
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Jos. O. Wunder

Address, 1075 W. Fayette St

Remarks, One of twins. R. O. L. A. Forceps Case

8960004196

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RETURN OF A BIRTH. 77535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 15. 1896
4. *Place of Birth, (Street and Number)* 1407 E Gough st
5. *Full Name of Mother,* Louisa Bisco
6. *Mother's Maiden Name,* Gaines
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert J Bisco
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, M A Davenport

Address. 2024 E Pratt st

Remarks, doing well

8960004197

Board of Health. This schedule shall contain a list of the names of each child born alive in the city of Baltimore, and the full name of each child, if any shall have been ascertained; the sex and color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of this certificate, to the Registrar of Vital Statistics, or one of his assistants, within ten days after the birth of any child born without the attendance of a practitioner; and shall be so delivered on the third day of each and every month to the office of the Commissioner of Health, in the manner and with the information hereinafter required. If any birth shall occur without the attendance of a practitioner it shall become the duty of the person or parents, of such child, or the nearest relative present, or the householder, or the owner, agent or lessee of the house in which such birth shall occur, to report such birth to the Commissioner of Health, in the manner and within the time required of practitioners in attendance upon births; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 15th October 1896
4. Place of Birth, (Street and Number) 1504 Aisquith St
5. Full Name of Mother, Josephine Poulson
6. Mother's Maiden Name, Josephine Brown
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, Thomas Poulson
9. Father's Occupation Sailor
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return Caroline Patterson

Address, 1623 N. Dallas St

Remarks, do well as can expect

8960004198

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained, the full name and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children (if any) born to the mother, including the child last born, and shall deliver said schedule shall be delivered, duly signed by the practitioner in the first instance, to the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and form provided in this section shall be subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a [illegible] the full name of each child, (if any shall have
month, and shall set forth as far as the same can be ascertained the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or practioner of the duty of the person or parents of such
attendance upon the mother, immediately thereafter it shall become the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the as other fines and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offence, to be recovered

RETURN OF A BIRTH. 77527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3rd

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 15th Oct.
4. *Place of Birth,* (*Street and Number*) 2328 [illegible] Ave
5. *Full Name of Mother,* Minnie Naill
6. *Mother's Maiden Name,* Minnie Warner
7. *Mother's Birthplace,* Fredric Co.
8. *Full Name of Father,* George Naill
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Fredric Co.

Name of Medical Attendant, or other person who makes this Return. Mrs. Donnelly

Address, 1635 E. [illegible] St.

Remarks, None

8960004199

Wm. [illegible] Co., City Printers and Stationers.

RETURN OF A BIRTH. 77528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child now

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col Negro Fair

3. Date of Birth, 5 Jan 1900

4. Place of Birth, (Street and Number) 1 Cross Court

5. Full Name of Mother, Rebecca Robinson

6. Mother's Maiden Name, Esther Thomas

7. Mother's Birthplace, Charles County

8. Full Name of Father, Father

9. Father's Occupation Laborer

10. Father's Birthplace, Charles County Maryland

Name of Medical Attendant, or other person who makes this Return, Dr Hal Hilley

Address, Balto Md

Remarks,

8960004200

Printers and Stationers.

Wm. J

Health, and shall set forth as far as the same can be ascertained, the date and place of birth, and the name and occupation of its parents, the date of the marriage of such parents, and such other particulars as may be required by the practitioner in the form of certificate between the first and second days of each month, and every certificate of stillbirth shall be delivered within the same time to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person make such return as is required by this section, it shall become the duty of the person above required, and within the time above specified, to make such return, and for every neglect or refusal to make such return as is required by the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 16 1896
4. Place of Birth, (Street and Number) 235 S. Washington St
5. Full Name of Mother, Maggie T. Malcolm
6. Mother's Maiden Name, Maggie T. McCabe
7. Mother's Birthplace, Liverpool, England
8. Full Name of Father, Thos. O. Malcolm
9. Father's Occupation, Marbler
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, T. Bartlett M.D.

Address, 201 N. Broadway

Remarks, Born 8.30 P.M.

8960004201

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 77530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Primary

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 16/96 5. a.m.

4. Place of Birth, (Street and Number) 202 Mary Anna St

5. Full Name of Mother, Elizabeth Menke

6. Mother's Maiden Name, Elizabeth Poole

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frederick Menke

9. Father's Occupation, plumber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. A. W. Layton

Address, 1136 N Eutaw St

Remarks,

+ 8 9 6 0 0 0 4 2 0 2

register of such birth, and shall enter list of the births which have occurred under his or her care during the month, and shall set forth as far as can be ascertained the full name and date and place of birth, and the name, residence and occupation of the parents of each child, if any shall have been conferred; his or her own name and occupation of the person or parents of such child, and every such list shall be delivered, duly signed by the attendant, at the office of the Commissioner of Health, in such manner and within the period above specified. This schedule shall contain a like statement of each case of birth occurring after the date of such report, and no other person be in said district of each and every month to the physician or practitioner or midwife in attendance upon the birth to the Commissioner of Health to comply with the provisions of this section, and shall occur without the attendance of a physician or midwife, the parent or parents of such child shall immediately thereafter report the birth to the Commissioner of Health, in such manner and within the period above specified. This schedule shall contain a like statement of each case of birth occurring after the date of such report, and no other person be in attendance upon the birth to the Commissioner of Health to comply with the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. SLADE & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 77531

GIVEN NAME ADDED 3-15-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Samuel Joseph Hook 5th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 16. 1896.
4. Place of Birth, (Street and Number) 1809. Wilhelm St.
5. Full Name of Mother, Lizzie M. Hook.
6. Mother's Maiden Name. Commer.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Chas. A. Hook.
9. Father's Occupation, Boxmaker
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Hugo F. Filippino.

Address, 1815. W. Pratt St.

Remarks,

5960004203

Health. This schedule shall contain a list of the names ascertained the full name of each child, if any shall have been omitted in the Return of the City Registrar for the month, and shall set forth as far as the same can be ascertained the sex, color, occupation of its parents, the date and place of birth; and the said details shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and no other person be in attendance upon the midwife or other person who shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, In the manner and within the period hereinbefore specified, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* [illegible] August 11
4. *Place of Birth, (Street and Number)* 124 Argyle
5. *Full Name of Mother,* Cora Stuart
6. *Mother's Maiden Name,* Dixon
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Wm Stuart
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Wm R Hall

Address, 1902 Edmondson Ave

Remarks,

B 4 6 0 0 0 4 2 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

The schedule shall contain a list of the names of each child, if any, born alive to such mother, and the full name of each parent, the date and place of birth; and the occupation of its parents, the date of each marriage, and the number of children born to each previous marriage, as far as the same can be ascertained; the certificate between the first and second births shall be delivered to the parent or parents of such child, and the certificate between each succeeding birth shall be delivered to the parent or parents of such child next born after the birth to which such certificate refers. In case the birth of any child shall occur without the attendance of a physician, it shall become the duty of the person required and authorized to report the birth to the Commissioner of Health, within the period above required, and shall answer upon the mother, immediately after the birth, the questions of this section which relate to the mother, and shall report the sex, color, date and place of birth of the child to the Commissioner of Health. In the manner prescribed by the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* 516 Argyle St
5. *Full Name of Mother,* Minnie Snyder
6. *Mother's Maiden Name,* Kaffman
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* Israel Snyder
9. *Father's Occupation* Lace maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. M. R. McCoy

Address, 302 E. Lanvale

Remarks,

month, and shall set forth in it the full name and occupation, as far as practicable, of each parent of such child, the place where the birth occurred, the name of the physician or midwife present at the birth of any child born alive, or if there was no physician or midwife present at the birth of such child, then the name of the person or parent required to report such birth, the date when such child was delivered, and such other information as may be required by the Commissioner of Health. Any physician or midwife who shall neglect or refuse to report as aforesaid the birth of any child born alive, or who shall report any false information respecting such birth, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than twenty dollars for each offence. Any person who shall neglect or refuse to report as aforesaid the birth of any child born alive, or who shall report any false information respecting such birth, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than twenty dollars for each offence. Any person who shall neglect or refuse to report as aforesaid the birth of any child born alive, or who shall report any false information respecting such birth, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than twenty dollars for each offence. Any person who shall neglect or refuse to report as aforesaid the birth of any child born alive, or who shall report any false information respecting such birth, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than twenty dollars for each offence.

8760004205

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77535

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 of October 1896
4. Place of Birth, (Street and Number) 131 Rum St
5. Full Name of Mother, Louise Richards
6. Mother's Maiden Name, Louise Ziegler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Richards
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Sara Hill

Address, 208 N. Castle St

Remarks, \ \ \ \ \

8960004206

been conferred) its sex, color, the full name and occupation of its parents, the name of the first and said schedule shall be returned to the office of the Commissioner of Health. In case the birth of any child every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and will be the duty of the person occupying the house in which such birth shall occur, within the period above required, and child to report its birth to the Commissioner of Health. In case any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female DOROTHY BONENGER
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 16th 1896
4. Place of Birth, (Street and Number) 1703 N. Charles St.
5. Full Name of Mother, Victorine Katherine Sweeney
6. Mother's Maiden Name, Victorine Katherine Campbell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Walter Randolph Sweeney
9. Father's Occupation, Electrical Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Thos. P. McCormick M.D

Address, 1421 Eutaw Place

Remarks,

B 9 6 0 0 0 4 2 0 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth in each case the name and residence of the parents, the date and place of birth; and the full name of each child, if any shall have been conferred; its sex, color, the full name and residence of the physician or midwife present at the birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the office of the Commissioner of Health. In case there was no physician or midwife present at the birth, the father or mother of any child shall report the birth to the Commissioner of Health, in the manner and within the time above required, and shall set forth in such report all the particulars required to be reported by physicians or midwives. Physicians who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 77537

CERTIFICATE CORRECTED 6/27/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Edward Bright

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th October 1940.
4. Place of Birth, (Street and Number) 943. Chester St
5. Full Name of Mother, Sophie Bright
6. Mother's Maiden Name, Sophie Oberstecher
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Bright
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Ida Hill

Address, 419 N. Castle St.

Remarks,

8960004208

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, and any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored Race
3. Date of Birth, Nov 5th 1896
4. Place of Birth, (Street and Number) Baltimore 224 Burk st.
5. Full Name of Mother, Emilia Johnson
6. Mother's Maiden Name, Emilia Yarnish
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Leo Johnson
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah Ann Jones

Address, 525 Patterson Park Ave

Remarks,

5960004209

This schedule shall contain a list of the births which occur in each house or place of public entertainment, and shall be delivered, duly signed by the Householder or Keeper thereof, to the Registrar of Vital Statistics, Board of Health, on the first day of each and every month, and shall set forth, as to each child, the full name of each child, (if any shall have been given,) the sex, the full name and occupation of its parents, the date and place of birth, and the street and number of the house or place of public entertainment in which such birth occurred. If no birth shall occur without the city limits during the preceding month, the householder or keeper shall make a report to that effect. If any such householder or keeper shall hereafter fail to comply with the provisions of this section, he shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 77539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Seventeenth October
4. Place of Birth, (Street and Number) 2120 Eiee St
5. Full Name of Mother, Laura F. Green
6. Mother's Maiden Name, Laura F. Criss
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Clifford H. Green
9. Father's Occupation Engineer
10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return, Mrs Gill

Address, 212 West St Baltimore Md

Remarks,

B 9 6 0 0 0 4 2 1 0

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 of Otbr
4. *Place of Birth, (Street and Number)* 603 post Et
5. *Full Name of Mother,* Caroline Noer
6. *Mother's Maiden Name,* = Vandra
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Noer
9. *Father's Occupation* Cabeln
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E. Weiss

Address, 603 post St.

Remarks,

+ 8960004211

monthly an abstract setting forth as far as the same can be ascertained, the full name of each child (if any shall have been named) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered monthly to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person required by this section to report the birth, be in attendance upon the mother, immediately thereafter, it shall be the duty of the person who shall have been in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3the

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 of Otbr
4. *Place of Birth, (Street and Number)* 202 Rose St.
5. *Full Name of Mother,* Getrudt Schmeifer
6. *Mother's Maiden Name,* = Nützel
7. *Mother's Birthplace,* Bavaria (Germ)
8. *Full Name of Father,* John Schmeifer
9. *Father's Occupation* Labeln
10. *Father's Birthplace,* Bavaria (Germ)

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss

Address, 613 post St.

Remarks,

5960004212

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 of Oct
4. Place of Birth, (Street and Number) 2918 E. Dunell St.
5. Full Name of Mother, Mathilde Loffler.
6. Mother's Maiden Name, = Becker.
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Loffler.
9. Father's Occupation Beer Saloon
10. Father's Birthplace, Bavaria (Germa)

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weis.

Address, 613 port St.

Remarks,

+ 8 9 6 0 0 0 4 2 1 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive within the district since the last return, the sex, color, the full name and occupation of the parents, the date and the place of birth; and the said schedule shall be delivered, duly signed by the attendant or the parent, to the Commissioner of Health. In case the birth of any child occurs without the presence of a physician or practitioner of midwifery, or should no other person be in attendance, then the parents of such child shall report its birth to the Commissioner of Health. Failure to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 the

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 of Octbr
4. Place of Birth, (Street and Number) 613 port St
5. Full Name of Mother, Margt Bartholoma
6. Mother's Maiden Name, Heuts
7. Mother's Birthplace, Balto =
8. Full Name of Father, Henry Bartholoma
9. Father's Occupation, Labeln
10. Father's Birthplace, Balto =

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss

Address, 613 port St.

Remarks,

8 9 6 0 0 0 4 2 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

months, and shall set forth, as far as the same can be ascertained, the full name of each child (if any) that may have been conferred) its sex, color, the full name and residence of the parents, the date and place of birth, and the said schedule shall be delivered, with the certificate of the practitioner in the form of a certificate between the first and third days of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or if said birth occur in the absence of the person or parents of such child, it shall be the duty of the person in whose house or premises such birth occurs, or of the nearest relative present at such birth, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall wilfully neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth. October 14th 1896

4. Place of Birth, (Street and Number) # 1747 Federal St

5. Full Name of Mother, Elizabeth G. Henderson

6. Mother's Maiden Name, " Earle

7. Mother's Birthplace. Baltimore Md

8. Full Name of Father, George W. Henderson

9. Father's Occupation. Book Keeper

10. Father's Birthplace. Baltimore Md

Name of Medical Attendant, or other person who makes this Return. D. Drewes - Mid-Wife

Address, 1625 Hopkins Ave.

Remarks,

8960004215

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No birth certificate, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the case of a difficult between the first and third stage of each and every month to the office of the practitioner of midwifery, or should no other person be in attendance upon the mother, then the person who shall have charge of the certificate required, and shall occur without the attendance of such practitioner, it shall become the duty of the person in charge of the case to make out and deliver to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, then the person who shall have charge of the certificate required, and shall occur without the attendance of such practitioner, it shall become the duty of the person in charge of the case to make out and deliver to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Born Oct. 18th 1896
4. Place of Birth, (Street and Number) No. 2 Durham St. Baltimore Md.
5. Full Name of Mother, Unmarried
6. Mother's Maiden Name, Lizzie Nelson
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Spencer
9. Father's Occupation Brick Yard Laborer
10. Father's Birthplace, Annapolis Md.

Name of Medical Attendant, or other person who makes this Return, John Gregorius Brooks

Address, 1737 E. Mulberry St.

Remarks, No remarks

8960004216

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RETURN OF A BIRTH. 12548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 20th 1896
4. *Place of Birth, (Street and Number)*	2722 Odonell
5. *Full Name of Mother,*	Susan Baines
6. *Mother's Maiden Name.*	Wahlagen
7. *Mother's Birthplace.*	Baltimore Md
8. *Full Name of Father.*	Peter Baines
9. *Father's Occupation*	Labor
10. *Father's Birthplace.*	Baltor
Name of Medical Attendant, or other person who makes this Return.	Sarah P. Harrington
Address,	924 Binney St Canton
Remarks.	

5960004217

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and address of the physician, midwife or other person in attendance at the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then it shall be the duty of the parent or parents, or head of the family where such birth occurs, to report the same within the time and in the manner hereinbefore required, and in addition thereto report all the particulars required of midwives or physicians. Every midwife, physician or other person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	5 October
4. *Place of Birth, (Street and Number)*	1836 N. Chester St.
5. *Full Name of Mother,*	Mary Neuberger
6. *Mother's Maiden Name,*	" " Herring
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Bernhard Neuberger
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Burns
Address,	1600 N. Chester St.
Remarks,	

8960004218

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heirs conferred) its sex, color, the full name (and occupation of its parents, the date and place of birth; and the name of the attendant at the birth, if any, or other person who shall return the first and second schedule shall be delivered, duly signed by the practitioner in the case of a certificate herein required. In case the birth of any child third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time prescribed in this section. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank [illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 9 '96
4. *Place of Birth, (Street and Number)* 929 W. Fayette St.
5. *Full Name of Mother,* Mary Steil
6. *Mother's Maiden Name,* Shultres
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Fred Steil
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, L. Norwood [illegible]

Address, 929 W. Fayette St.

Remarks,

8 9 6 0 0 0 4 2 1 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 77551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that may have been born alive at each confinement, the sex, color, and the exact date of birth of each child (the first child born alive at each confinement to be considered as born on the day of birth of the first child, the second child as born on the day of birth of the second child, and so on in the case of triplets or more children), and shall indicate whether (in the case of twins or more children) its sex, color, and the full name and occupation of the parents are identical with those of the child previously reported; and shall be written in the form of a certificate between the first and second lines of the blank, and signed by the attendant in the presence of at least one witness, who shall also sign the certificate. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the mother of such child, if able to do so, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject, on conviction thereof, to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 9th
4. *Place of Birth, (Street and Number)*	1534 N. Washington St.
5. *Full Name of Mother,*	Bertha Waitz
6. *Mother's Maiden Name,*	" " Hatzfeld
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Willice Waitz
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. Brasure
Address,	16.00 N. Chester St.
Remarks.	

1 8 9 6 0 0 0 4 2 2 0

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RETURN OF A BIRTH. 77553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, and date of birth; and the full name, residence, occupation of its parents, the date and place of birth, and the said schedule of all births occurring in each month to the office of the Commissioner of Health, duly signed by the practitioner in the form of a certificate herein required, and shall certify that he has personally examined each birth therein set forth, and has personally delivered the same at the office of the Commissioner of Health, or has caused the same to be delivered, within the first ten days of each and every month to the office of the Commissioner of Health, and that no other person has delivered or caused to be delivered the same; and if any practitioner shall become the duty of the person or parents of such child to report, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12 October
4. *Place of Birth, (Street and Number)*	1239 N. Gay St.
5. *Full Name of Mother,*	Emma Seabrease
6. *Mother's Maiden Name,*	" " Rogers
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Harry Seabrease
9. *Father's Occupation*	Coal dealer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. Bevans
Address,	1600 N. Chester St.
Remarks,	

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1286.]

RETURN OF A BIRTH. 77553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 12 - 1896
4. Place of Birth, (Street and Number) 210 S. High St
5. Full Name of Mother, Anny Miller
6. Mother's Maiden Name, Miner
7. Mother's Birthplace, Lonza State Russ. Poland
8. Full Name of Father, Max Miner
9. Father's Occupation Tailor
10. Father's Birthplace, Lonza State Russ. Poland

Name of Medical Attendant, or other person who makes this Return, H. Fleischer M. D.

Address, 143 N. Front St

Remarks,

5960 - 04232

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This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as to the same (or the section of his parents, the date and place of birth, the full name of each child, if any has been given, the full name and residence of the parents, the sex and color of each child, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person make such return, it shall become the duty of the person in whose house or premises such birth occurs to report the same within the time above required, and attendance upon the mother, immediately after birth, in the manner and with the particulars required in this section shall be subject to the penalty hereinafter provided for neglect to report its birth to the Commissioner of Health. In the manner and with the particulars required in this section shall be subject to the penalty hereinafter fall to comply with the provisions of this section shall be subject to a fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable by such person or persons as may be authorized to sue for the same.

RETURN OF A BIRTH. 77554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Final

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 13 1896
4. Place of Birth, (Street and Number) 1875 Ensor St.
5. Full Name of Mother, Kathie Uhlskill
6. Mother's Maiden Name, Connor
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edward Uhlskill
9. Father's Occupation Clerk
10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return, W McPherson

Address, 1238 Fremont Ave

Remarks, 18960004223

Every physician or midwife in attendance upon any birth shall give a certificate of the same (if he ascertain the facts) to the parent, householder, or other person having charge of the child, within ten days after the birth, stating the name, sex, color, the full name and occupation of the parents, the date and place of birth; and the number of children born to the mother, including the present birth, and whether the first, second, third, &c. And every other person present at the birth shall, within ten days after the birth, make a certificate thereof, stating the facts required to be stated by the physician or midwife, as far as he can ascertain the same. Such certificate shall be delivered, duly signed by the physician or midwife, or other person, to the Commissioner of Health. In case the birth occurs in a house where there is no person of the above description, then the householder shall be required to make such certificate, which shall be delivered to the Commissioner of Health. Every such certificate shall be made in the form of a certificate between the first and third day of each and every month, in the case of births occurring during the month next preceding; and in case of births occurring in the last three days of any month, the certificate shall be made within the first three days of the month next following. No certificate shall be required to be made of any birth which shall occur without the city, immediately thereafter, it shall become and within the period above required, and shall be known to the mother, householder or other person having charge of the child, that such birth occurred, it shall be the duty of such mother, householder or other person to make a certificate of such birth and deliver the same to the Commissioner of Health. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 77555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 14. 1900.
4. Place of Birth, (Street and Number) 2105 E. Preston St.
5. Full Name of Mother, Grace Parchens
6. Mother's Maiden Name, Grace Eidenshink
7. Mother's Birthplace, Bavaria
8. Full Name of Father, August Parchens
9. Father's Occupation Photo-Engraver
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, W. C. Sandrock

Address, 1242 N. Broadway

Remarks, 18960004224

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born since the last return, the full name and occupation of the parents, the date and place of birth, and the name, residence and occupation of the physician or midwife present at the birth; and the said return shall be delivered at the register's office of the Commissioners of Health, or should no other period of such delivery be specified in such order, within ten days after the date of the same; and every midwife or practitioner of medicine the duty of the person above required, and shall occur without the aid, immediately thereafter to report the same in the manner and within the time specified in this section shall be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. attendance upon birth to the Commissioner, after fail to comply with the requirements of this section shall be sub- ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. child to register, and all persons who shall neglect or refuse to perform any of the duties required by this section shall be sub- ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Statio

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

77557

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15 October
4. Place of Birth, (Street and Number) 1425 Cookson St.
5. Full Name of Mother, Mary Bates
6. Mother's Maiden Name, " Mendelor
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Bates
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Eath. Mayer,

Address, 1331 Hull st. Locust Point.

Remarks,

...tioners. 18960004225

...ate, the full name and occupation of the parents of each child, if any shall have ...delivered, duly signed by the practitioner in the form of a certificate to be ...Commissioner of Health. In case the birth shall have ...ce of the Commissioner of Health. In case the birth shall have ...ner of midwifery, or should no other person be ...ately thereafter, it shall be the duty of the person or parents of such ...ner and within the period above mentioned, to make such return, and ...ions of this section shall be punished, and ...ecuted; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

77558

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 16. 1896

4. Place of Birth, (Street and Number) 230 East Fourteenth St.

5. Full Name of Mother, Laura D. Hildebrand

6. Mother's Maiden Name, Laura D. Dass

7. Mother's Birthplace, Carlisle Penna.

8. Full Name of Father, William Hildebrand

9. Father's Occupation Grocer

10. Father's Birthplace, East Berlin Penna.

Name of Medical Attendant, or other person who makes this Return, W. C. Sandrock

Address, 1242 N. Broadway

Remarks, 6960004226

RETURN OF A BIRTH. 77559

GIVEN NAME ADDED 6/16/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Milton G. Hubbard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 16/96

4. Place of Birth, (Street and Number) No 31 S. Bond Str

5. Full Name of Mother, Katie [illegible] Hubbard

6. Mother's Maiden Name, Howar

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm Hubbard

9. Father's Occupation Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Grasse

Address, No 1907 E [illegible] Ave

Remarks,

8960004227

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been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and third days of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife, or practicioner of midwifery, of the person or parents of such child, it shall be the duty of the attendant immediately thereafter to give notice and within the period above required, and any such person or persons who shall herein fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex. (state whether male or female) male
2. Race or Color. (if not of the white race) white
3. Date of Birth. October 17th 1896
4. Place of Birth. (Street and Number) 3[illegible] [illegible] St.
5. Full Name of Mother. Mina Stoll
6. Mother's Maiden Name. Mina Graff
7. Mother's Birthplace. Baltimore Md
8. Full Name of Father. [illegible] Stoll
9. Father's Occupation [illegible] worker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, [illegible] M.D.

Address. 215 [illegible] Ave

Remarks,

+ 6960004228

Health. This schedule shall contain [illegible] be ascertained the full name of eac[illegible] place of birth; and the
month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth between the first and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 77561

GIVEN NAME ADDED 8-8-63

To the Office of Registrar of Vital Statistics, ~~Board of Health~~, Baltimore City.

NAME: HORACE I. GWILYM

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth. 19th of October, 1896
4. Place of Birth, (Street and Number) 1440 Lansen st.
5. Full Name of Mother, Elizabeth Gwilym
6. Mother's Maiden Name, " Pendle
7. Mother's Birthplace, England
8. Full Name of Father, Richard Gwilym
9. Father's Occupation, Laborer
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Dr. J. Mason

Address, 1331 Hull St,

Remarks,

L 8960004229

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Register of each birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each month to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-16-54

RETURN OF A BIRTH. 77562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

77562

Edward Lee Jackson

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19 October 1896
4. Place of Birth, (Street and Number) 1320 Garrett Ave.
5. Full Name of Mother, Nella Jackson
6. Mother's Maiden Name, " Berney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Darius King Jackson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Evelyn Mason

Address, 1331 Hull st.

Remarks,

1896000423

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-24-58

RETURN OF A BIRTH. 77563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bertha Hacker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col

3. Date of Birth, 1/26/1906

4. Place of Birth, (Street and Number) 426 Fagan St

5. Full Name of Mother, Rosa Hacker

6. Mother's Maiden Name, nee Baker

7. Mother's Birthplace, Germany

8. Full Name of Father, Chas Hacker

9. Father's Occupation Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Jos. D. Engel

Address, 2/2 1917 E Monument St

Remarks,

B 4 6 0 0 0 4 2 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person in charge of any case of birth, within the limits of the City of Baltimore, shall report to the Registrar of Vital Statistics, the date and place of birth, and the sex, color, the full name and occupation of the parents, the name of the child, if any, and such other particulars as may be required by the Registrar, on the blank forms furnished by him for that purpose. Such report shall be made within ten days after the birth, and if the child be born in a house, the householder or owner thereof shall also report the same within ten days after the birth, upon the request of the Registrar. Every midwife, or other person (not a physician or practitioner of midwifery) who shall render assistance during labor, shall, within ten days after the birth, make a report thereof to the Registrar, in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the mother herself shall become and within the period above required, and said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the mother herself shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 20 - 16
4. Place of Birth, (Street and Number) 1617 E Lombard
5. Full Name of Mother, Elizabeth Diver
6. Mother's Maiden Name, Elizabeth Trantwein
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, Harry Diver
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. B. Bennett. M.D

Address, 235 Broadway

Remarks,

8960004232

Wm J. C. Dulany Co., City Printers and Stationers.

months, and shall not forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the name, residence and occupation of the parents, in the form of a certificate between the first and third days of each month the attendance of a physician or practitioner at the birth of any child, and the said schedule shall be delivered, duly filled out, to the person or persons required by this section to report the birth to the office of the Commissioner of Health. In case the father or mother of any child shall refuse or neglect to report the birth of such child as aforesaid, then the owner or agent of the house or tenement in which such child was born, or the person in charge thereof, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be liable, upon conviction thereof, to a penalty of not less than five dollars nor more than ten dollars, to be recovered as other fines and forfeitures are recoverable. Any midwife or other person who shall attend upon the mother immediately before the birth of any child, without reporting as required by this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth 14th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 21st 1896
4. Place of Birth, (Street and Number) 1137 Watcott
5. Full Name of Mother, Anna Louisa Ward
6. Mother's Maiden Name, " " Sheehan
7. Mother's Birthplace, Wheeling W. Va
8. Full Name of Father, Michael Ward
9. Father's Occupation, Painter
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, C. G. Keefer M.D.

Address, 1329 W. Gilmor St.

Remarks,

B 9 6 0 0 0 4 2 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician, midwife or other person who shall have attended upon the birth of any child, shall, within ten days after the birth, report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the name, color, the full name and occupation of its parents, the date and place of birth; and the fact of the child's having been still born, if such shall have been the case. Such report shall be made in writing, signed by the practitioner in the form of a certificate between the first and third of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person in charge of such attendance upon the mother, immediately after the birth, be unable to make such report, it shall be the duty of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

77566

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 2d 1896
4. Place of Birth, (Street and Number) 602 Appleby st
5. Full Name of Mother, Hannie Leister
6. Mother's Maiden Name, Hannie Smith
7. Mother's Birthplace, Md
8. Full Name of Father, Edward Leister
9. Father's Occupation, Clerk
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. J. C. Skinner M.D.

Address,

Remarks,

8460004234

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the questions which have been propounded by the Commissioner of Health, and the answers thereto, as far as the same can be ascertained; the full name of each child, if any shall have been given; and all the facts, and the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form, or if there be no practitioner, by the said schedule shall be delivered, duly signed by the practitioner in the form, or if there be no practitioner, by the person in charge or superintendance of such birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the time required for the delivery of such schedule, then the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars as above required. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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[illegible] 1236]

RETURN OF A BIRTH. 77567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3rd Oct. 1896.
4. *Place of Birth, (Street and Number)*	1632 Light Street
5. *Full Name of Mother,*	Sophia Lange
6. *Mother's Maiden Name,*	Stemmler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Philippe Lange
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Eliza Brooks
Address,	1828 Light Street
Remarks,	Doing Well

8960004235

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of Births and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be forwarded on the same to the office of the Commissioner of Health, on the first day of each month, and if no births shall have occurred during the month to report the fact. Upon receipt of the said schedule, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the same shall be reported by the parent or person in charge of such child, or upon the failure of such person, by the undertaker employed by the city, or the person or persons who shall bury such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1230

RETURN OF A BIRTH.

77568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted, the reason for the same must be stated,) the sex, the color, the date and place of birth, and the name, residence and occupation of the parents of each child. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance at such birth, the mother of such child shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th Oct. 1896
4. *Place of Birth, (Street and Number)*	628 S. Packa Street
5. *Full Name of Mother,*	Kate Usprucke
6. *Mother's Maiden Name,*	" Berry
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John H. Usprucke
9. *Father's Occupation*	Clothing Cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Eliza Brookes
Address,	1828 Light Street
Remarks,	Doing Well

+ 8 9 6 0 0 0 4 2 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236

RETURN OF A BIRTH. 77569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
1. Sex. (state whether male or female)	Male
2. Race or Color. (if not of the white race)	White
3. Date of Birth,	5th Oct. 1896
4. Place of Birth, (Street and Number)	1739 Patapsco St.
5. Full Name of Mother,	Mary Heslin
6. Mother's Maiden Name,	" Calendar
7. Mother's Birthplace,	Balto
8. Full Name of Father,	William Heslin
9. Father's Occupation	Stuckster
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	1828 Light St.
Remarks,	Doing Well.

8960004237

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the particulars required to be furnished by the next of kin, or some other person, in a blank schedule, to be furnished by the Commissioner of Health. This schedule shall be filled out as far as the facts are known at the time of the births which have occurred under the care during the month, and shall be delivered, duly signed, at the office of the Commissioner of Health. If any child born shall die before the schedule is delivered, or if no information as to the birth of any child has been received by the Commissioner of Health, he shall require the physician or practitioner in the form of a certificate he will furnish for the purpose, stating the name, sex, color, the full name and occupation of the parents, the date and place of birth of such child, and the cause of its death. It shall be the duty of the person or parents of such child, if there be no physician or practitioner present at the birth, to report the same in the manner and within the period above required, and such person shall be subject to the penalty hereinafter provided. In the event of a child being born dead, the physician or practitioner in attendance shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1236

RETURN OF A BIRTH.

77570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th Oct 1896.
4. Place of Birth, (Street and Number) 1703 Patapsco Street
5. Full Name of Mother, Annie Jenkeraft
6. Mother's Maiden Name, Forster
7. Mother's Birthplace, Balto
8. Full Name of Father, August Jenkeraft
9. Father's Occupation Baker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1828 Light Street

Remarks, Doing Well

8960004238

Wm. J. C. Dulany Co., City Printers and Stationers.

...more than one child, one certificate may be used for the purpose; and it shall be the duty of the Commissioner of Health to furnish, upon application, all blanks necessary, to be furnished by the Commissioner of register of such births. Each certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name, the date and place of birth; and the Health, and shall set forth as far as the same can be ascertained, the full name, the date and place of birth; and the name and residence of the parents of each child respectively, and such other particulars as may have been conferred) his sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, until the certificate required by this section to be given in every case shall to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIR...

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

77571

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Emma a.s.? Fema...
2. *Race or Color, (if not of the white race)*	Whi...
3. *Date of Birth,*	1845 14 O....
4. *Place of Birth, (Street and Number)*	1811 Dunca...
5. *Full Name of Mother,*	Mary Ha...
6. *Mother's Maiden Name,*	Germa...
7. *Mother's Birthplace,*	Adolph Hai...
8. *Full Name of Father,*	Laborer...
9. *Father's Occupation*	Germ...
10. *Father's Birthplace,*	Mrs. Barn...
Name of Medical Attendant, or other person who makes this Return,	1610 M...
Address,	
Remarks,	

8960004239

Regulations of the Health Department ... Re ...

Record of Vital Statistics in the City of Baltimore.

... 7.—And be it further enacted and ordained that every person practicing midwifery in the ... under whose charge or superintendence a birth shall occur, shall keep a true and c... of such birth, and shall obtain a list of the births which have occurred under his or her care during th... which shall contain the name and residence of the parents, and the sex, color, date and place of birth; and ... and shall set forth as far as the same can be ascertained, the full name and residence of the parents, and ... ferent) its sex, color, the full name and occupation of the parents, and the date and place of birth; and the ... eluding shall be delivered daily to the office of the Commissioner of Health. In case the birth of any child ... each case the attendance of a physician or practicioner of midwifery, or the person or parents of such ... of those attendance such child was born, shall make a return of the same to the office of the Commissioner of Health, in the manner and within the period above required, and ... Upon the mother, immediately thereafter, shall make a return of the same to the office of the Commissioner of Health, in the manner and within the period above required, and ... for its birth to the Commissioner of Health, in the manner and within the period above required, and ... for its birth to the Commissioner of Health hereafter fail to comply with the provisions of this section shall be sub... person so offending shall, for every such offence, forfeit and pay a sum not exceeding ... the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ar of Vital Statistics, Board of ...

Child	Mother, (state whether 1st, 2d, 3d, &c.) 5-th child
Sex, (state whether male or female)	Male 77572
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	14th Oct. 1896
4. Place of Birth, (Street and Number)	2019 Riverside Ave
5. Full Name of Mother,	Emma Welsh
6. Mother's Maiden Name,	" Simmons
7. Mother's Birthplace,	Balto
8. Full Name of Father,	William Welsh
9. Father's Occupation	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Elsie Brooks
Address,	1828 Light Street
Remarks,	Doing Well.

...ed to report its birth to the Commissioners or fail to comply with ... such person or persons shall forfeit and pay ... ed to the use of ten (10) dollars for each offence, to be recovered ...

...nd Stationers.

B 9 6 0 0 0 4 2 4 0

RETURN OF A BIRTH. 77573 (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - LEE M. COHEN

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13th October 1896.
4. Place of Birth, (Street and Number) 10 Albemarle St.
5. Full Name of Mother, Sarah Cohen
6. Mother's Maiden Name, Sarah Borrovitz.
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Cohen
9. Father's Occupation, Pants maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Fannie Silverman

Address, 36 Albemarle St.

Remarks,

8960004241

Wm J. C. Dulany Co. City Printers and Stationers.

Every physician, midwife or other person who shall hereafter attend upon any birth, shall within ten days thereafter report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the full name and occupation of the father, and the name and maiden name of the mother of such child, if living, and the number of such child, if more than one have been born to such mother, and the date and place of birth, the sex and color of such child, and shall set forth as far as the same can be ascertained the full name of each child, if any, that the mother has had born alive, and the number now living, and the number dead, and the date of birth of the last child born dead or alive, which information shall be delivered at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the householder or owner of the premises where the birth occurred, and within the period above required, and shall report the birth to the Commissioner of Health. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	15 October 1896
4. Place of Birth, (Street and Number)	1405 E. Pratt st.
5. Full Name of Mother,	Jennie Apte
6. Mother's Maiden Name,	Jennie Cohen
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Hyman Apte
9. Father's Occupation,	Dept manager
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return,	Fannie Silverman
Address,	36 Albemarle St.
Remarks,	

8960004242

Wm J C. Dulany Co., City Printers and Stationers.

Health, and in all cases shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as known the particulars of the several births in such form as may be required by the Commissioner of Health. The list shall have been collected and the return thereof made and delivered at the office of the Commissioner of Health, in the manner and within the period above required, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur in the absence of the attending physician or midwife, the head of the family in which such birth occurs shall be required to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	16 October 1896
4. Place of Birth, (Street and Number)	~~Private~~ 212 N. Bond
5. Full Name of Mother,	Fannie Frank
6. Mother's Maiden Name,	Fannie Berman
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Jacob Frank
9. Father's Occupation,	Operator
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return.	Fannie Silverman
Address,	36 Albemarle St.
Remarks,	

5960004243

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child of birth shall have been omitted to be registered during the month preceding the date of such return, and the name and residence of the parents of such child, and the first and last days of birth of each child respectively. Every such return shall be made in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1386]

RETURN OF A BIRTH. 77576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, the date and place of birth, and the full name of each child, if it has been christened; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17th Oct 1896
4. *Place of Birth, (Street and Number)*	407 E Cross Street
5. *Full Name of Mother,*	Ida May Baysinger
6. *Mother's Maiden Name,*	" " Harrison
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Lewis Joseph Baysinger
9. *Father's Occupation*	Candy Maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Eliza Brooks
Address,	1898 Light Street
Remarks,	Doing Well

8960004244

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 77577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First one

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 18th 1896
4. Place of Birth, (Street and Number) 608 Dolphin St
5. Full Name of Mother, Martha Ella Shreeve
6. Mother's Maiden Name, Martha Ella Thomas
7. Mother's Birthplace, Richmond Co Va
8. Full Name of Father, Charley Clinton Shreeve
9. Father's Occupation Dealer in Butter and Eggs
10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, Emma L Houston

Address, 532 N Pennsylvania Ave

Remarks,

B 960004245

Wm. J. C. Dulany Co., City Printers and Stationers.

Within ten days after the birth of any child born in each house, the full name of such child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the attendant, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and any such person neglecting or refusing to comply with the provisions of this section shall be subjected to the payment of ten [10] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-11-56

RETURN OF A BIRTH. 77578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ethel Mary Binau Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 20. 96
4. Place of Birth, (Street and Number) # 1213 E. Biddle St.
5. Full Name of Mother, Minnie Binau
6. Mother's Maiden Name, Rifenison
7. Mother's Birthplace, Fort Arbuckle, Indian Territory
8. Full Name of Father, Anthony Binau
9. Father's Occupation, Pharmacist
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Jno. U. Nickel M. D.

Address, 1312 Aisquith ave.

Remarks, 8960004246

Wm J. C. Dulany Co., City Printers and Stationers.

[x 1336]

RETURN OF A BIRTH. 77579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th Oct. 1896
4. Place of Birth, (Street and Number) 1147 Riverside Ave.
5. Full Name of Mother, Laura Garrison
6. Mother's Maiden Name, " Hopkins
7. Mother's Birthplace, St. Mary's County Md.
8. Full Name of Father, Charles Garrison
9. Father's Occupation Laborer
10. Father's Birthplace, Balto. County Md.
Name of Medical Attendant, or other person who makes this Return, Eliza Brooks
Address, 1828 Light St.
Remarks, Doing Well

8960004247

Health. This schedule shall contain a list of the births which have occurred in the family of the parent or householder, or in the house occupied by him or her, during the month, and shall set forth as far as the same can be ascertained, the full name and surname of each child, if any shall have been given, the sex, color, the full name and occupation of the parents, the date and place of birth, and the number of children born to the present wife of the parent. Such information shall be given to the visiting registrar, if there be one, and if not, then it shall be delivered, duly signed, at the office of the Commissioner of Health. Where a birth occurs and no information as aforesaid is given, or where the information is deficient, or where no visiting registrar calls, the parent or householder in the form of a certificate between the first and third day of each and every month, and in the presence of a physician or practitioner of the healing art, if there be one present, and within the period aforesaid, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period aforesaid, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 77580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd and 4th Child

1. Sex, (state whether male or female) Each Male Twins
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st Oct 1896
4. Place of Birth, (Street and Number) 112 N. Randall Street
5. Full Name of Mother, Kate Karchrs
6. Mother's Maiden Name, " Murray
7. Mother's Birthplace, Balto
8. Full Name of Father, Emil J. Karchrs
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Eliz E Brooks

Address. 1828 Light Street

Remarks. Doing Well

8960004248

Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as to the same can be ascertained, the full name, sex, color, date and place of birth, and the name, color, and birthplace of parents of each child whose birth has been so attended; and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the parent or parents of such child shall, in the manner and within the period above required, and subject to the penalty hereinafter fixed, comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 77581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 21st/96
4. *Place of Birth, (Street and Number)*	1000 West Fayette St
5. *Full Name of Mother,*	Emma Jane Williams
6. *Mother's Maiden Name,*	" " Malone
7. *Mother's Birthplace,*	St. Louis. Mo.
8. *Full Name of Father,*	Wm. Thomas. Williams.
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	St. Louis. Mo.
Name of Medical Attendant, or other person who makes this Return,	[illegible] Hunter
Address,	23 N. [illegible] St
Remarks,	

8960004249

month, and shall set forth as far as the same can be ascertained, the full name of each child; (if any shall have been coalfetred) his sex, color, the full name and occupation of his parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third days of each and every month, to the officer of the Board of Health, or such other person as it shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236)

RETURN OF A BIRTH. 77582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 Oct. 1896
4. Place of Birth, (Street and Number) 2044 Hanover Street
5. Full Name of Mother, Mary Zimmerer's
6. Mother's Maiden Name, Wingett
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank Zimmerer's
9. Father's Occupation Cap Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1828 Light Street

Remarks, Doing Well

1 8 9 6 0 0 0 4 2 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. It is hereby ordained that every person who shall have charge of any child born in the City of Baltimore, shall, within the first month after the birth of such child, cause the same to be registered at the office of the Registrar of Vital Statistics, and shall set forth in the certificate the full name of each child, (if any shall have been conferred) its sex, color, the full name of its parents, the date and place of birth, and the street and number of the residence of its parents, and the occupation of its father; and if the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above specified, it shall become the duty of the person or parents of such child to report its birth to the Registrar of Vital Statistics, and to comply with the provisions of this section; and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 23rd 1896
4. Place of Birth, (Street and Number) 612 Collett Al.
5. Full Name of Mother, Lollie E. Thompson
6. Mother's Maiden Name, Hosford
7. Mother's Birthplace, Co Md.
8. Full Name of Father, John Bowen
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Harris

Address, 1809 Lemmon al

Remarks,

1 8 9 6 0 0 0 4 2 5 1

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of the parents, the number of children born to them and said scheme shall be delivered only to the person in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the nearest relative child to report the birth to the Commissioner of Health within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 77584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23rd Oct. 896
4. *Place of Birth, (Street and Number)*	1222 Hall St.
5. *Full Name of Mother,*	Mary Smith
6. *Mother's Maiden Name,*	Shiers
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	George Smith
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	825 Light Street
Remarks,	Doing Well.

8960004252

Health. It is made the duty of the Registrar to see that the certificate shall contain a list of the births which have occurred under his or her care during the month, and shall state whether the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and residence of the parents, the date of birth, and the place where said birth shall have occurred. Every certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required to make such certificate, then it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77585

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2nd October 1895
4. *Place of Birth, (Street and Number)*	766 Hamburg st
5. *Full Name of Mother,*	Mrs Maggie M. Barton
6. *Mother's Maiden Name,*	Miss Maggie M Pollard
7. *Mother's Birthplace,*	Baltimore MD
8. *Full Name of Father,*	Mr Isador L Barton
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Baltimore MD
Name of Medical Attendant, or other person who makes this Return,	Miss. Deems
Address,	778 W Hamburg St.
Remarks,	8960004253

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any, shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as the Commissioner of Health may require. Any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Jeciel to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 77586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct. 4th 1896
4. Place of Birth, (Street and Number) 429 Rogers Ave
5. Full Name of Mother, Celia Goldstein
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father Isaac Goldstein
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

18960004254

Health. [illegible] schedule shall contain a list of the births which have [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct. 6th 1896
4. Place of Birth, (Street and Number) 120 S. Eden st.
5. Full Name of Mother Jennie Plimat
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe Plimat
8. Full Name of Father, Isdor Plimat
9. Father's Occupation Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return Mrs. C. Bernstein

Address, 122 S. Eden st.

Remarks,

1896004255

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and it shall be the duty of the Commissioner of Health to furnish the said blanks to the physicians, midwives or other persons required to report births. Every birth shall be reported within ten days after occurrence, and in case the same can be ascertained, the full name of each child, if any shall have been given it, the sex, color, the full name and occupation of the parents, the date of birth, and the street and number of the residence where such birth occurred, shall be set forth in the said report. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance, the mother herself shall immediately thereafter report the particulars required, and in case the mother herself is unable to report, the father or in case of his inability, the householder of the house where such birth occurred shall report its birth to the Commissioner of Health. In case of failure to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 97588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct. 12th 1896
4. Place of Birth, (Street and Number) 1017 Pennsylvania Ave
5. Full Name of Mother, Sarah Blumberg
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Barney Blumberg
9. Father's Occupation Shoemaker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter St.

Remarks,

8960004256

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month to a physician or practitioner of midwifery, or shall upon the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 12th 1896

4. Place of Birth, (Street and Number) 827 W Franklin St

5. Full Name of Mother, Gertrude Myers

6. Mother's Maiden Name, Gertrude Hoover

7. Mother's Birthplace, Maryland

8. Full Name of Father, Morris Myers

9. Father's Occupation Salesman

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Wm. Hawtin

Address, Green & Mulberry

Remarks, 8960004257

... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th October
4. Place of Birth, (Street and Number) 622 East Eighty Eight Street
5. Full Name of Mother, Mrs Martin L Beer
6. Mother's Maiden Name, Laura Hardy
7. Mother's Birthplace, Maryland
8. Full Name of Father, Martin L Beer
9. Father's Occupation, Conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

8960004258

said child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month, to the office of the Commissioner of Health; or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the time aforesaid. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents with whom such child resides, or in whose house or premises it is born, to report the same to the Commissioner of Health, and a like duty is hereby imposed upon the nurse employed in any case of confinement. If this section shall be subject to report as aforesaid, or persons who shall hereafter fail to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15. October
4. Place of Birth, (Street and Number) 1027 Wilcox st
5. Full Name of Mother, margret Gale
6. Mother's Maiden Name, margret Hanlon
7. Mother's Birthplace, Balto. Co
8. Full Name of Father, Frank Gale
9. Father's Occupation, Laborer
10. Father's Birthplace, Franklin town

Name of Medical Attendant, or other person who makes this Return, Mrs. Cunningham

Address,

Remarks,

8 9 6 0 0 0 4 2 5 9

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM KO

RETURN OF A BIRTH. 77592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 octobre
4. Place of Birth, (Street and Number) No 2879 Philadelphia Road
5. Full Name of Mother, Lidje Reinhardt
6. Mother's Maiden Name, Lizzie Chambers
7. Mother's Birthplace, the old country
8. Full Name of Father, georg Reinhardt
9. Father's Occupation, Fisherman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Magness

Address, 2345 E Fairmount Ave

Remarks,

8960004260

Wm. C. Dulany Co., City Printers and Stationers

month, and shall set forth as to the same case as nearly as may be the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, or midwife, the householder where the birth occurs shall cause the mother, immediately thereafter, if she become the duly of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 77593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child Male.

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race)
3. Date of Birth, 16th Oct. 1896.
4. Place of Birth, (Street and Number) 1442 William Street
5. Full Name of Mother, Sarah Virginia Earle
6. Mother's Maiden Name, Sarah Virginia Andrews
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William D Earle
9. Father's Occupation Ship Smith
10. Father's Birthplace, Queen Anne's County Md

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1828 Light Street

Remarks, Young Well.

8960004261

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 16
4. Place of Birth, (Street and Number) 1321 Hull St Locust Point
5. Full Name of Mother, Elizabeth Seiffs
6. Mother's Maiden Name, Elizabeth Moore
7. Mother's Birthplace, Beaver Pa
8. Full Name of Father, George W Seiffs
9. Father's Occupation Molder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Howard Hall

Address, 1614 Eutaw Street

Remarks.

B 9 6 0 0 0 4 2 6 2

month, and shall set forth so far as the same can be ascertained, the full name of each child, (if any shall have been still-born, the fact shall be stated,) the sex and color of each child, the date and place of birth, and the full name, residence and occupation of its parents, the date and place of birth, and the full maiden name of the mother; and the certificate shall be delivered, duly signed by the practitioner in the form of the certificate between the first and third day of each and every month to the office of the Commissioner aforesaid, or to such other person as shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother as aforesaid, then it shall become the duty of the person or parents of such child to report the same, within the period above required, and in the manner and within the time above specified, to the Commissioner of Health, who shall comply with the provisions of this section, and for any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 77595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 October
4. *Place of Birth, (Street and Number)* 6 Thames Str. 1616
5. *Full Name of Mother,* Ludvika Kutorsky
6. *Mother's Maiden Name,* Dilejuska
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Jakub Kutorsky
9. *Father's Occupation* Bussalaan
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return,

Address, 838 S. Bond Str.

Remarks, Mary Prott

18960004263

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. 77596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

Name of Child: William Coburn Gerard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 1, 1896.
4. Place of Birth, (Street and Number) 2828 Huntingdon ave.
5. Full Name of Mother, Sarah Elizabeth Gerard.
6. Mother's Maiden Name, Sollenick.
7. Mother's Birthplace, Md.
8. Full Name of Father, Frank A. Gerard.
9. Father's Occupation, Railroader.
10. Father's Birthplace, Mass.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Cherlinton ave.

Remarks,

1896 0004264

Health. — The Sexton shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, the name of parents, residence, color, sex, date of birth, and number of the child in the family. No interment of the dead of the city shall be made until the certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the parent or parents shall report the same within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 778-97

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7, 1896
4. Place of Birth, (Street and Number) 713 E. Preston St.
5. Full Name of Mother, Ida Saunders
6. Mother's Maiden Name, Leitzke
7. Mother's Birthplace, Balto
8. Full Name of Father, Albert Saunders
9. Father's Occupation Barber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Frank Emrich M.D.

Address, 1051 Aisquith St.

Remarks.

8960004265

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2nd 1896
4. Place of Birth, (Street and Number) 926 W. Lexington St.
5. Full Name of Mother, Carrie Midyett
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Elizabeth City N.C.
8. Full Name of Father, Not known
9. Father's Occupation, " "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Fulghum B. Marden M.D.

Address, 1204 W. Lexington St.

Remarks, Normal delivery (L.O.A.)

8966004266

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and occupation of its parents, the date and place of birth of any child born alive, and the full name and residence of the physician or midwife in attendance at the birth, and the full name and residence of the person making the return. In case the birth of any child shall occur without the attendance of a physician or midwife, then the return shall be made by the father or mother of such child, or in case of his or her absence or inability, then by the householder or owner of the premises where the birth occurred, within the period aforesaid. And any such person who shall refuse or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 3rd 1896
4. *Place of Birth, (Street and Number)* Thanie Str. 1636
5. *Full Name of Mother,* Josie Jokoski
6. *Mother's Maiden Name,* " Meshinski
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Steven Sokoski
9. *Father's Occupation* Labarer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krozka

Address, 602 S. Bond Str.

Remarks,

1896000426 7

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 77600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 3rd 19

4. Place of Birth, (Street and Number) 112 S Howard St

5. Full Name of Mother, Cathie [illegible]

6. Mother's Maiden Name, " " Hall

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John [illegible]

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, [illegible]

8960004268

month, and shall set forth as far as the same can be ascertained the full name of each child, of any and every female, who shall have been delivered in said month of a result of conception, and the sex, color, date and place of birth of such child, and the full name, residence and occupation of the parents of such child, and the full name and residence of the physician, midwife or other person who shall have been employed in attendance upon the mother, immediately after the birth of such child, or who shall be present at the birth of such child, and if no physician, midwife or other person was present at the birth of such child, then the mother of such child shall make such return; and the said return shall be made in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, or who shall be present at the birth of such child, and if no physician, midwife or other person was present at the birth of such child, then the mother of such child shall make such return; and the said return shall be made in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8960004269

month, and shall set forth as far as the same can be ascertained the full name of such child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the color of each, the time and place of birth of such child, and such other particulars as the Commissioner of Health may require. In case the first and said schedule shall be delivered, duly signed by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person who shall have been in charge of such child to report its birth to the Commissioner of Health, in the form and manner and within the time above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 3, 1896
4. *Place of Birth, (Street and Number)* 1727 Olive St
5. *Full Name of Mother,* Carrie Bradley
6. *Mother's Maiden Name,* Carrie Miller
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Bradley
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Jn. R. Croskey

Address, 213 E [illegible]

Remarks, [illegible]

8960004270

Wm. J. C. Dulany Co., City Printers and Stationers

over

RETURN OF A BIRTH. 77603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child John Low Myers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & Child A.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3, 1896
4. Place of Birth, (Street and Number) 108 E Hamburg St
5. Full Name of Mother, Mary Myers
6. Mother's Maiden Name, Mary E Barthurdung
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Herman Myers
9. Father's Occupation Boxmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. R. Wanken

Address. 213 E Hamburg St

Remarks, Living Well

8960004271

Wm. J. C. Dulany Co., City Printers and Stationers.

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case there is no other person in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons so offending hereunder fail to comply with the provisions of this section, he or she shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~ 3d, &c.) 4

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 3 1896
4. Place of Birth, (Street and Number) Leadenhall St.
5. Full Name of Mother, Katie Baecke
6. Mother's Maiden Name, Katie Kolbe
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Baecke
9. Father's Occupation Cooper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Katie Mannah

Address, 800 Leadenhall St

Remarks,

8 9 6 0 0 0 4 2 7 2

been conferred) its sex; color; the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. In cases where the child shall have been delivered, duly signed by the practitioner in the form of a certificate, which shall be filled up with the particulars required by this section, before the birth of the child is registered. Such certificate shall be delivered to the person required to register the birth of the child, or to the undertaker who shall have charge of the interment of the child, before the burial of such child shall be permitted. Every midwife, or other person (not being a practitioner) who shall become the attendant upon a pregnant woman at her confinement, shall, within twenty-four hours after the birth of the child, or as soon thereafter as it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the time prescribed by this section, report in writing to the Commissioner of Health the particulars required to be reported by the parents, and in case the midwife or other person who shall attend upon the mother at the birth of the child, or the undertaker who shall have charge of the interment of the child, shall neglect or refuse to report in the manner and within the time prescribed by this section, such midwife or other person who shall neglect or refuse to report as aforesaid shall be subjected to a fine of ten (10) dollars for each offense, to be recovered in the same manner as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

STATE OF MARYLAND CITY OF BALTIMORE, to wit:-

I HEREBY CERTIFY, that on this 25th. day of Februar
1918, before me, the subscriber, a Notary Public, of the Stat
of Maryland, in and for Baltimore County, personally appeared
MARY L. KELLY, residing at No. 2717 E. Fayette Street, Baltimo
Maryland, and made oath in due form of law that the birth
certificate No. 77605 and recorded in the office of the Re
of Vital Statistics of Baltimore City is erroneously stated
and should be the sixth child of Mary L. Kelly instead of t
third, and female instead of male, and born May 19th. 1896,
instead of June 4th. 1896.

As Witness my hand and Notarial Seal.

Mary L. Kelly

Ethel B. Tour
Notary Public.

8960004273

GIVEN NAME ADDED 11-7-57

RETURN OF A BIRTH. 77605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

77605

Bertha Maye Kelly 6th. Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, MAY 19-1896

4. Place of Birth, (Street and Number) 122 Stamford

5. Full Name of Mother, Louisa Kelly

6. Mother's Maiden Name, Louisa Ruth Baltz

7. Mother's Birthplace, Md

8. Full Name of Father, John Kelly

9. Father's Occupation Engineer

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Dr. R. Gaskey

Address, 213 E. Lan

Remarks. Home

C

8 9 6 0 0 0 4 2 7 4

Wm. J. C. Dulany Co., City Printers and Stationers

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall, at the option of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1836]

RETURN OF A BIRTH. 77606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* August 4 96.
4. *Place of Birth, (Street and Number)* 132 or Hanover St.
5. *Full Name of Mother,* Teresa Lennon
6. *Mother's Maiden Name,* McGall
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John J. Lennon
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this return. Walker

Address,

Remarks,

1896 0004275

Section 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter in the same the name, surname and residence of the mother and father of the child, the sex of the child, the time when and the house in which such birth shall have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section, and any such person or parents so offending shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. F. Maury Co., City Printers and Stationers.

RETURN OF A BIRTH. 77607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4 1896
4. Place of Birth, (Street and Number) 1403 N. Eden Alley
5. Full Name of Mother, Louise Pinkerton
6. Mother's Maiden Name, Echelen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Pinkerton
9. Father's Occupation, Baltimore
10. Father's Birthplace, E. C. Peterson M.D.

Name of Medical Attendant, or other person who makes this Return,

Address, 1078 N. Broadway

Remarks,

B 7 6 U 0 0 4 2 7 6

A

Wm J. C. Dulany Co., City Printers and Stationers.

Every case of birth to be ascertained the full name of each child, if any shall have been omitted), its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health. And in case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the case, or midwife, or householder within ten days after the occurrence of such birth. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance within the time specified, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 77608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June the 5th 1896
4. *Place of Birth, (Street and Number)*	Christian st # 2058
5. *Full Name of Mother,*	Fanny eisinburg
6. *Mother's Maiden Name,*	Fanny Sullber
7. *Mother's Birthplace,*	Europe
8. *Full Name of Father,*	Samuel eisinburg
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Europe
Name of Medical Attendant, or other person who makes this Return.	mrs S Feller
Address,	No 19-22 Milkins Ave
Remarks,	

8960004277

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name, sex and place of birth; and the full name, color, age and residence of its parents, the date and place of birth; and the name and residence of the physician or midwife in attendance upon the birth, or if there was no such attendance, the name and residence of the person who has been conferred) its sex, color, the full name and the residence of its parents, the date and place of birth; and the said schedule shall be delivered, until to the office of the Commissioner of Health. In the case of any child born out of wedlock, the name and residence of the father shall not be entered upon the certificate of birth, unless he or some other person be in the presence of the mother at the birth of the child, or unless he shall become liable for the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall sign the certificate of birth as the father of such child. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 5 - 1896
4. *Place of Birth, (Street and Number)* Lexington st 2149
5. *Full Name of Mother,* Laura Cutcher
6. *Mother's Maiden Name,* Laura Tilton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John H Cutcher
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs T Kelley

Address, No 1922 Wilkins Ave

Remarks,

8960004278

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-6-57

RETURN OF A BIRTH. 77610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sara Hankin

No. of Child (if Mother, (state whether ~~1st~~, 2d, &c.)	2d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 5th 1896
4. Place of Birth, (Street and Number)	112 S Exeter St.
5. Full Name of Mother,	Dollie Hankin
6. Mother's Maiden Name,	Dollie Ginsburg
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Isaac Hankin
9. Father's Occupation	Tailor
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return,	Thomas Sadler
Address,	700 E Baltimore St.
Remarks,	

64600042792

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the time and place of birth; and the name and residence of the attendant upon such birth; and the mother shall be entitled to receive of such attendant a certificate setting forth the time and place of birth, the sex and color of such child, the name and residence of the parents, and the name and residence of the attendant upon such birth. In case the mother of such child shall die without the attendance of a physician or midwife, or shall not be able to give the information required by this section, the father or other person in the house at the time of such death, or the nearest relative of such mother in the city or county where such death occurs, shall be required to report to the Commissioner of Health, in the manner and within the time prescribed in the first section of this act, the name, sex and color of such child, and the name and residence of the parents, and the name and residence of the attendant upon such birth, if any, and the time and place of birth, so far as the same can be ascertained by him; and the Commissioner of Health shall issue a certificate setting forth the time and place of birth, the sex and color of such child, and the name and residence of the parents, and the name and residence of the attendant upon such birth, if any, to the person reporting the same. Every physician, midwife or other person who shall neglect or refuse to report as herein required, or who shall report any false statement knowingly, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 5 — 1896

4. Place of Birth, (Street and Number) 119 S Dallas St.

5. Full Name of Mother, Annie Green

6. Mother's Maiden Name, Black

7. Mother's Birthplace, Pocomoke City Md

8. Full Name of Father, James Green

9. Father's Occupation Laborer

10. Father's Birthplace, Essex Co

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8960004280

Wm. J. C. Dulany Co., City Printers and Stationers.

months, and shall set forth as far as the same can be ascertained, the full name of each child, the full name of each father and mother, the date and place of birth, the sex, color, the full name and occupation of the parents, the date and place of their marriage, and the number of children born to the present mother, and between the first and last child, and every midwife or physician or practitioner in the form of certificate above required, and shall be delivered, duly signed, at the office of the Commissioner of Health, or should no other person or midwife or physician or practitioner in the case of stillbirth, in the manner and within the time above required, and shall become the duty of the person above required, and shall occur without the attendance upon birth to the Commissioner after fail to comply with the requirements of this section shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable and each person or persons who shall fail to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-15-52

RETURN OF A BIRTH. 77612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Anne / Agnes A'Neill

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) 916 Ensor th

3. Date of Birth, June 6, 1896.

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Mary A'Neill

6. Mother's Maiden Name, Keegan

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick F. A'Neill

9. Father's Occupation Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Frank Jones, M.D.

Address,

Remarks,

18960004281

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth Eighth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 9 1896
4. *Place of Birth, (Street and Number)*	1015 E. 13 middle St
5. *Full Name of Mother,*	Isabella Powers
6. *Mother's Maiden Name,*	Loughlin
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Thomas J. Powers
9. *Father's Occupation*	Policeman
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Frank Kinch M.D
Address,	
Remarks,	

8960004282

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13 1896 1617 Chamberlain
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Elizabeth F. McNeill
6. Mother's Maiden Name, Bennett
7. Mother's Birthplace, Balto
8. Full Name of Father, George E. McNeill
9. Father's Occupation Iron Worker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. Frank Crouch, M.D.

Address,

Remarks,

8960004283

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13, 1856
4. Place of Birth, (Street and Number) 4 Jackson st, Howard bet Lee
5. Full Name of Mother, Mary Krotz
6. Mother's Maiden Name, Bower
7. Mother's Birthplace, Pa
8. Full Name of Father, Christian Krotz
9. Father's Occupation, Labor
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, H. Young. Holbrook M.D.

Address, 237 Eastern avenue

Remarks,

8960004284

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. 77616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Thomas Mooney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14, 1896
4. Place of Birth, (Street and Number) 411 E. Madison St
5. Full Name of Mother, Mary A. Mooney
6. Mother's Maiden Name, Banahan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Richard J. Mooney
9. Father's Occupation Plumber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. Frank Crouch, M.D.

Address,

Remarks,

8960004285

[illegible] enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-17-56

RETURN OF A BIRTH. 77617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Marie Anna ~~Drane~~ 2nd
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	June 14, 1896
4. Place of Birth, (Street and Number)	1715 N. Gay
5. Full Name of Mother,	Mary Louise Drane
6. Mother's Maiden Name,	" " Langeman
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Jos. H. Drane
9. Father's Occupation	Saloonkeeper
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson M.D.
Address,	1601 N. Broadway
Remarks,	

B 9600004286

Wm. J. C. Dulany Co., City Printers and Stationers.

...rooms, &c., it will set forth the name and occupation of its parents, the date and exact place of birth, and the sex, color, the full name and occupation of the practitioner in the former case, or midwife in the latter case, who has been employed by the parents of such child to report its birth to the Board of Health. In case the birth of any child shall not be reported within the time specified above required, and in case no other person shall be delivered within such time to the office of the Commissioner of Health, or should no other person of such third class or within the limits of the Police District, as shall become the duty of the person above required, and shall neglect or refuse to report the birth of such child to the Board of Health, within the time specified above required, and in case no other person shall be delivered within such time to the office of the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A-77618 77

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14/96
4. Place of Birth, (Street and Number) 641 German St
5. Full Name of Mother, Annie Friedlander
6. Mother's Maiden Name, Korn
7. Mother's Birthplace, Germany
8. Full Name of Father, Max Friedlander
9. Father's Occupation Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Jno. Di

Address,

Rem

...the birth of any ch... ...should no other person be ...within the space of ten days ... ...neglect full to comply with the provisions of this section shall be sub... ...dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CORRECTION

The preceding dacument has been re-phatagraphed ta assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

A-27618 77

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex. (state whether male or female) Girl
2. Race or Color. (if not of the white race) White
3. Date of Birth, Jan 14/96
4. Place of Birth, (Street and Number) 1641 German Av
5. Full Name of Mother, Annie Friedlander
6. Mother's Maiden Name, " Korn
7. Mother's Birthplace, Germany
8. Full Name of Father, Max Friedlander
9. Father's Occupation Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Jno. Di

Address,

Rem

1896000 4287

[236]

RETURN OF A BIRTH. 77619

GIVEN NAME ADDED 4-31-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Loretto Groeninger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14/96
4. Place of Birth, (Street and Number) 2218 E. Lombard St.
5. Full Name of Mother, Annie Groeninger
6. Mother's Maiden Name, " Jennings
7. Mother's Birthplace, Balto.
8. Full Name of Father, John J. Groeninger
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 200 S. Chapel St

Remarks,

8960004288

month, and shall set forth as far as the same can be ascertained the full name of each child, if one shall have been given it, the sex and color, the time of birth of each child, (if any shall be born after the first,) the number of births which have occurred to the parent, the certificate between the first and said schedule shall be delivered, duly signed by the attending physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person to report to the Commissioner of Health. In case the birth of any child third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person to report to the Commissioner of Health in the manner and within the period above required, and shall decline or neglect to make such report, or to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1336

RETURN OF A BIRTH. 77620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15. 1896
4. Place of Birth, (Street and Number) 2125 Christian St
5. Full Name of Mother, Tina Neimaier
6. Mother's Maiden Name, Tina Sorensen
7. Mother's Birthplace, Balto.
8. Full Name of Father, John P. Neimaier
9. Father's Occupation Tinner
10. Father's Birthplace. Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 711 N. Eden St.

Remarks,

1 8 9 6 0 0 0 4 2 8 9

A.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Helen Burns

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10th 1896
4. Place of Birth, (Street and Number) 2809 Cedar Ave
5. Full Name of Mother, Mary E Burns
6. Mother's Maiden Name, " " Scheiswohl
7. Mother's Birthplace, Pa
8. Full Name of Father, Robt E L Burns
9. Father's Occupation R.R. employee
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Wm H. Feldman MD

Address, 102 Chestnut Ave

Remarks.

8960004290

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 3. It shall be the duty of the attending physician or midwife, or in the absence of both, of the father or mother of any child born alive, to report or cause to be reported to the Commissioner of Health the full name of each child, if any, that have been born alive, the sex, color, date and place of birth, and the full name, residence and occupation of the parents, the date and place of their marriage, and the full name and maiden name of the mother, which report shall be delivered, duly signed by the person reporting, at the office of the Commissioner of Health, within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, within the time above named, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4-1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. June 15 1896
4. Place of Birth, (Street and Number) 23 Gorsuch Avenue
5. Full Name of Mother, Lizzie Kennedy
6. Mother's Maiden Name. Sellers
7. Mother's Birthplace. Md
8. Full Name of Father. Harry C Kennedy
9. Father's Occupation Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Thomas Westbrook M.D.

Address. 23rd & Edmondson Avenue

Remarks.

8960004291

Wm. J. C. Dulany Co., City Printers and Stationers.

Each and every person who shall be present at the birth of any child, or who shall have charge of such child after birth, or who shall be present at the birth of any child born out of the usual place of residence of the parents, or who shall have charge of such child after birth, shall report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race)
3. Date of Birth, 13th June 1870
4. Place of Birth, (Street and Number) 2426 Forster Corner
5. Full Name of Mother, Lilla Kaiser.
6. Mother's Maiden Name, Gallen.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Emil Kaiser.
9. Father's Occupation Tailor.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs P. Liebmann

Address, 2227 Elliott

Remarks,

8960004292

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of such attendant, if any, and if there be no attendant, then the name of the person who shall have been present at the birth of such child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, as required by this section, and such report shall be made within ten days thereafter; any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Max Cohen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15 1896
4. Place of Birth, (Street and Number) 919 E Lanvale St
5. Full Name of Mother, Fannie Cohen
6. Mother's Maiden Name, Fan. Barr
7. Mother's Birthplace, Russia
8. Full Name of Father, Jake Cohen
9. Father's Occupation Dressc
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finkelstein

Address, 27 Lloyd St

Remarks, CERTIFICATE AMENDED 9/30/42

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 77625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th June 1896
4. *Place of Birth, (Street and Number)* Baltimore Md 647 Kirkstall
5. *Full Name of Mother,* Emma K. Scrivener
6. *Mother's Maiden Name,* Shipley
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Herbert G. Scrivener
9. *Father's Occupation* Motorman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Graning

Address, 414 E. Fricker St.

Remarks, Mother and Child are doing well

8960004294

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 16, 1896
4. *Place of Birth, (Street and Number)* 1133 Eutaw Macculloch
5. *Full Name of Mother,* Annie Caplan
6. *Mother's Maiden Name,* Annie Vaichman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Levi Caplan
9. *Father's Occupation* Cutter
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finsberg

Address, 27 Lloyd St

Remarks,

8960004295

Wm. J. C. Dulany Co., City Printers and Stationers.

1336

RETURN OF A BIRTH. 77627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16/96
4. Place of Birth, (Street and Number) 9 N. Port Ste.
5. Full Name of Mother, Katie Bachman
6. Mother's Maiden Name, " Logus
7. Mother's Birthplace, Balto
8. Full Name of Father, Frank Bachman
9. Father's Occupation Laberer
10. Father's Birthplace, Philadelphia (Pa)

Name of Medical Attendant, or other person who makes this Return. Mrs. Diefenhofer c

Address, 1204 E. Sharp Ste

Remarks,

8960004296

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred by any other child, full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, filled out and signed by the physician or midwife in charge, or if there be none, by the first person present at the birth, and every month to the office of the Commissioner of Health, certificate between the first and third day of each and every child born within the limits of Baltimore City, during the preceding month. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th June 1896
4. *Place of Birth, (Street and Number)* Baltimore Md 417 S Gilmor St
5. *Full Name of Mother,* Katie Haggnes
6. *Mother's Maiden Name,* Lankham
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Harry Eagle Haggnes
9. *Father's Occupation* Peddler Box Cutter
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Nurse Pregnancy

Address, 414 S Stricker St

Remarks, Mother and Child are doing

8960004297

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 19th June 1896
4. Place of Birth, (Street and Number) 372 E Hamburg St
5. Full Name of Mother, Edda Messick
6. Mother's Maiden Name, Hatten
7. Mother's Birthplace, Prince George Co Md
8. Full Name of Father, Solomon Messick
9. Father's Occupation Waterman
10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 436 E Fort ave

Remarks,

1 8 9 6 0 0 0 4 2 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, it shall be the duty of the person or parents of such child, if any shall have been conferred, to see that the name and occupation of its parents, the date and place of birth, and the name and address of the physician or midwife in attendance at the birth of such child, are correctly stated in the said schedule, and delivered, duly filled up, to the undertaker employed to bury the body of such child, or to the sexton of the burial ground in which the same is interred, within the first week after the third day of each and every month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother immediately after birth, it shall become the duty of the person or parents of such child to cause the name and occupation of its parents, the date and place of birth, and the name and address of such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 77630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17/96
4. Place of Birth, (Street and Number) 2121 Eastern Ave.
5. Full Name of Mother, Katie Mueller
6. Mother's Maiden Name, " Mahlstedt
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Mueller
9. Father's Occupation Stevendore
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address. 1200 E. Pratt St.

Remarks,

8960004299

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter, if she shall become the duty of the person or persons in attendance upon the mother, immediately thereafter if it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and each person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female). Male + Female (Twins)
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10th 89
4. Place of Birth, (Street and Number) 1261 Chestnut Ave
5. Full Name of Mother, Rachael L. V. (Jones) Tucker
6. Mother's Maiden Name, " " " "
7. Mother's Birthplace, Carroll Co. Md.
8. Full Name of Father, Jas. F. Jones
9. Father's Occupation Laborer
10. Father's Birthplace, Howard Co Md.

Name of Medical Attendant, or other person who makes this Return, Wm. A. F. Dorman M.D.

Address, 102 Chestnut Ave

Remarks,

8960004300

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of such child to report to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race)
3. Date of Birth, 19th June 1896.
4. Place of Birth, (Street and Number) 1208 Gilmor Street.
5. Full Name of Mother, Anna Schelitzky.
6. Mother's Maiden Name, Dorkai.
7. Mother's Birthplace, Estreich.
8. Full Name of Father, Johan Schelitzky.
9. Father's Occupation Tailor
10. Father's Birthplace, Estreich

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Sierermann

Address, 222 E. Lee Street.

Remarks,

B 9 6 0 0 0 4 3 0 1

said schedule shall be delivered, duly filled out, to the practitioner in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter, report the birth, the parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 1st 1896
4. *Place of Birth, (Street and Number)*	729 Mulberry St
5. *Full Name of Mother,*	Maggie Bannon
6. *Mother's Maiden Name,*	M. Hamberg
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Bannon
9. *Father's Occupation*	
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Marie C. Thalwitzer M.D
Address,	725 Mulberry St
Remarks,	

5 9 6 0 0.0 4 3 0 2

Said schedule shall be delivered, duly signed by the practitioner in charge of the case, or by the father or mother of the child, within ten days after the birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in charge of the case, then the father or mother, immediately thereafter, it shall become the duty of the person or parents of such child, to report to the Commissioner of Health the same, and furnish the information required, said report to be made in writing, and in the manner and within the time specified above in this section. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 77634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, June 20 1896
4. Place of Birth, (Street and Number) 905 Vincent street.
5. Full Name of Mother, Julia Kent
6. Mother's Maiden Name, Gant
7. Mother's Birthplace, Calvert Co
8. Full Name of Father, Daniel Kent
9. Father's Occupation, Coal Dealer
10. Father's Birthplace, Calvert Co.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8960004303

Wm. J. C. Dulany Co., City Printers and Stationers

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of her child, or should the parents or either of them desire to report such birth, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 4-24-64

RETURN OF A BIRTH. 77635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: HARRY LURIE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) ~~Female~~ MALE
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20 1896
4. Place of Birth, (Street and Number) 32 S. Exeter St
5. Full Name of Mother, Rachel (~~Lewis~~) LURIE
6. Mother's Maiden Name, Rachel Lipman
7. Mother's Birthplace, Russia
8. Full Name of Father, JACOB (~~Jack~~) (~~Lewis~~) Lurie
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finesberg

Address, 27 Lloyd St

Remarks,

8960004304

Wm. J. C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH. 77636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3 *Date of Birth,*	June 20 1896
4. *Place of Birth, (Street and Number)*	618 Campbell St.
5. *Full Name of Mother,*	Lizzie Young
6. *Mother's Maiden Name,*	Ann Pratt
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	George Young
9. *Father's Occupation,*	Potter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Hannah Hatchett
Address,	609 Campbell St.
Remarks,	

8 9 6 0 0 0 4 3 0 5

Wm J C. Dulany Co., City Printers and Stationers.

Every case of each and every month of the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Colored Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 20
4. Place of Birth, (Street and Number) 213 Pine St.
5. Full Name of Mother, Minnie St. George
6. Mother's Maiden Name, Spratley
7. Mother's Birthplace, Accomac Co Va
8. Full Name of Father, James St. George
9. Father's Occupation, Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Emma L. Hatchett

Address, 609 Cam Hill St.

Remarks,

8960004306

been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a duly licensed practitioner of medicine, it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77638

GIVEN NAME ADDED 12|8|60

To the Office of ~~Registrar of Vital~~ Statistics, Board of Health, Baltimore City.

Name: WILLIAM LESLIE WILSON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 21st/96
4. *Place of Birth, (Street and Number)* 2230 Wilkins ave
5. *Full Name of Mother,* Agnes J. Wilson
6. *Mother's Maiden Name,* Agnes J. Loper
7. *Mother's Birthplace,* Elkridge Md.
8. *Full Name of Father,* William N. Wilson
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, W. B. Hall M.D.

Address, Mt Winans

Remarks,

8960004307

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. Notice of the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no such person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.,*) 6 Child

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 24 June 1896
4. *Place of Birth,* (*Street and Number*) 1132 Eutaw
5. *Full Name of Mother,* Mary L Nichelstedt
6. *Mother's Maiden Name,* Kunze
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Nichelstedt
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs L Nichelstedt

Address, 1132 Eutaw St

Remarks, Living Well

8960004308

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 June 1896
4. Place of Birth, (Street and Number) 1038 Sharp St
5. Full Name of Mother, Elsie Reid
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Jarvis Grove Va
8. Full Name of Father, George Reid
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Wales

Name of Medical Attendant, or other person who makes this Return, Mrs. L. E. Brookes

Address, 1028 Light St

Remarks, Mary Dr. E.

1 8 9 6 0 0 0 4 3 0 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Board of Health, whose duty it shall be to register the same; and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 June 1890
4. Place of Birth, (Street and Number) 934 Fayette
5. Full Name of Mother, Katie Nicholas
6. Mother's Maiden Name, Borchenbacher
7. Mother's Birthplace, Balto
8. Full Name of Father, Rudolph Nicholas
9. Father's Occupation Tailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary E. Balto

Address, 932 E Fayette St

Remarks, Central Dispensary

+ 8960004310

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77642.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1/22/96
4. *Place of Birth, (Street and Number)* 1 No. 604 Montford ave
5. *Full Name of Mother,* Barbara Hübl
6. *Mother's Maiden Name,* Sommer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father.* Charles Hübl
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, No. 1907 E. Monument St.

Remarks,

8960004311

Wm. J. C. Dulany Co., City Printers and Stationers.

day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance as herein required, it shall become the duty of the mother of such child, or of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 77643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 32nd 1896
4. Place of Birth, (Street and Number) Balto University Maternite
5. Full Name of Mother, Fredericke Holtz
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo Hilbt
9. Father's Occupation —
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Edw C. Esslinger M.D.

Address, 1514 E. Balto st

Remarks.

6960004312

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is authorized by this section to make the return, it shall be the duty of the person or persons having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 77644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 22 '96
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Lombard St.
5. *Full Name of Mother,*	Grace Sherbrooke
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	J. Clinton M.D.
Address,	115 W. Lombard St.
Remarks,	

8960004313

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month, on which the pre-ctitioner in the form of a certificate hereto the first and shall occur without the attendance of a midwife, or physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter make or cause to be made a return of such birth to the Commissioner of Health, in the manner and with the particulars above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st a Twoess

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22 1896
4. Place of Birth, (Street and Number) 30 S. Exeter St
5. Full Name of Mother, Fannie Garrunsika
6. Mother's Maiden Name, Fan, Pompyonska
7. Mother's Birthplace, Russia
8. Full Name of Father, David Garrunsika
9. Father's Occupation Cadler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finsberg

Address, 27 Lloyd St

Remarks,

8960004314

months, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth and the full name of each midwife or other person present at the birth. Every certificate herein required shall be delivered, within ten days after the birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Board of Health, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 77646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 June 1896
4. Place of Birth, (Street and Number) 1125 Durham Street
5. Full Name of Mother, Mary Reingart
6. Mother's Maiden Name, Rapp
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Reingart
9. Father's Occupation Joiner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs H Brown, Midwife

Address, 1922 E Fayette Street

Remarks,

8960004315

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife who shall have been concerned in the birth of any child shall, within ten days after such birth, report to the office of the Registrar of Vital Statistics, Board of Health, the full name and occupation of its parents, the date and place of birth, and the full schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and last day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or mother or other person in attendance upon the mother, immediately thereafter, it shall become the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or forfeiture for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77647

GIVEN NAME ADDED 9-23-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: James Herbert Jenkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 22nd June 1896
4. Place of Birth, (Street and Number) 111 E Cross St
5. Full Name of Mother, Frances Jenkins
6. Mother's Maiden Name, Hirsch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Jenkins
9. Father's Occupation Waterman
10. Father's Birthplace, King George Co Va

Name of Medical Attendant, or other person who makes this Return. Elizabeth Gewell

Address, 436 E Fort ave

Remarks,

8960004316

SECTION 7.—And be it further enacted, that a certificate of birth shall hereafter take place, shall be registered with the Commissioner of Baltimore under whose charge it is, and a certificate of birth shall be furnished by the Commissioner of Health, which certificate shall contain a list of the births registered from the full name of each child; and the register of such births shall contain a list of the births registered, the full name of each child, place of birth; and the said schedule shall be delivered each month to the office of the Commissioner of Health. In case the birth of any child born without the attendance of a physician or midwife, or should no person or parents of such child report its birth to the Commissioner of Health, in the manner and within the period above required, and in accordance with the provisions of this section, shall be recoverable. shall occur upon the premises where such child is born, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex. (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 22 1896
4. *Place of Birth, (Street and Number)*	106 Scott st
5. *Full Name of Mother,*	Auguste Thomas
6. *Mother's Maiden Name,*	A Fischer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Thomas
9. *Father's Occupation,*	mattress maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Marie C Thalwitzer M. D.
Address,	725 Mulberry Ster
Remarks,	

+ 8 9 6 0 0 0 4 3 1 7

Penalty.—Every person who shall neglect or refuse to make a return of the births which have occurred under his or her care during the month, until shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been entered, the sex, color, the full name and residence of the parents, the date of birth, and the place where such birth occurred, by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the nurse or other person who shall be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 10-26-54

RETURN OF A BIRTH. 77649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Daird Reese

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth (4th)

1. Sex, (state whether male or ~~female~~) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 22nd 1896
4. Place of Birth, (Street and Number) 1235 N. Washington St.
5. Full Name of Mother, Ida Deed Reese
6. Mother's Maiden Name, Ida Deed
7. Mother's Birthplace, Westmoreland Co., Va.
8. Full Name of Father, Renoux A. Reese
9. Father's Occupation, Clerk N. C. & St. L. Co.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, John H. Scally M.D.

Address, 1807 E. Fayette St.

Remarks, 5960004318

Wm. J. C. Dulany Co., City Printers and Stationers.

Births must be registered within the period above required, and no certificate will be issued after the same has been filed in the office of the Registrar of Vital Statistics. Any person who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23d 1896
4. Place of Birth, (Street and Number) 215 Courtland St.
5. Full Name of Mother, Claudia F. Neal
6. Mother's Maiden Name, Claudia F. Vaughan
7. Mother's Birthplace, N. Carolina
8. Full Name of Father, William C. Neal
9. Father's Occupation Commission Merchant
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, John Brosnan M.D.

Address, 218 W. Madison St

Remarks,

5960004319

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of Baltimore City without the presence or attendance of a physician, midwife or nurse, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1336

RETURN OF A BIRTH. 77651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23, 1896
4. Place of Birth, (Street and Number) Balto Md 853 W Lombard St
5. Full Name of Mother, Mrs Geo E Johnson
6. Mother's Maiden Name, Miss Fannie Turnbaugh
7. Mother's Birthplace, West River
8. Full Name of Father, Geo E Johnson
9. Father's Occupation Packer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bangle

Address, 711 N Rose st

Remarks,

1 8 9 6 0 0 0 4 3 2 0

Health. This schedule shall contain a list of the births which have occurred under his or her care, during the month, and shall set forth as far as the same can be ascertained, the names and residences of parents, the sex, color, the full names of each child born, the date and place of birth; and the number of each child born to the mother. Said list must be signed by the practitioner in the form of a certificate between the first and last schedule of each month, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 6/23/96
4. Place of Birth, (Street and Number) No 2
5. Full Name of Mother, Anna Louise Lambert
6. Mother's Maiden Name, Eggard
7. Mother's Birthplace, Germany
8. Full Name of Father, Andrew Lambert
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gans

Address, No 1907 E. Monument Str

Remarks,

6960004321

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate as aforesaid, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is under the necessity of making such return, the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race), White
3. Date of Birth, 23 June 97
4. Place of Birth, (Street and Number) 1425 Williamson
5. Full Name of Mother, Elizabeth Delaney
6. Mother's Maiden Name, Shultz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James F. Delaney
9. Father's Occupation, Horse Shoer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. E. A. Brooks

Address, 1928 Light St

Remarks, Home

8960004322

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is authorized to make such return, it shall become the duty of the person or persons having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1235.]

RETURN OF A BIRTH. 77654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race)
3. Date of Birth, June 27th 1916
4. Place of Birth, (Street and Number) 536 N. Fountain Ave
5. Full Name of Mother, Mary Smith
6. Mother's Maiden Name, Palmer
7. Mother's Birthplace, Queen Anne Co Md
8. Full Name of Father, Geo C. Smith
9. Father's Occupation Fountain Student
10. Father's Birthplace, Queen Anne Co Md

Name of Medical Attendant, or other person who makes this Return, H L Blair Asst

Address, 5558 Fountain Ave

Remarks,

5 9 6 0 0 0 4 3 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Monthly reports to be made to the Registrar of Vital Statistics, Board of Health, Baltimore City, of the name and residence of each child (if any shall have been born) of which the full name and occupation of its parents, the date and place of birth, and the sex of the child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report the same to the Registrar of Vital Statistics, or such other person as the Commissioner of Health may designate, within the time and in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 77655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) June 23 1896

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23 1896
4. Place of Birth, (Street and Number) 1431 N. Gay St
5. Full Name of Mother, Eliza Harrington Ellender
6. Mother's Maiden Name, Stearns
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo. Washt Ellender
9. Father's Occupation, Stock dealer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Wm J. Watson

Address, 1601 N. Broadway

Remarks.

8960004324

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month, to the Registrar of Births, Deaths and Marriages of the City of Baltimore. And it shall be the duty of every physician or practitioner of midwifery, or should no other person be in attendance, then the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person who shall neglect or refuse to comply with the requirements of this section shall be subject to the penalty of fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-22-56

RETURN OF A BIRTH. 77656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Pearl Stevens

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 of June 1896
4. Place of Birth, (Street and Number) Baltimore Md 1574 Low St
5. Full Name of Mother, Mary L Stevens
6. Mother's Maiden Name, Peck
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Larry Stevens
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Beaver

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well

8960004325

Item conferred (its sex, color, if not the same can be ascertained) the full name of each child, (if any shall have been given since the first return) the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health, a certificate between the first and said schedule shall be delivered, duly signed by the midwife, nurse or other person in attendance. The birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should such other person fail to deliver such certificate as hereinbefore directed, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, as by this section required, and any such person or persons who shall hereafter fail to comply with and within the period above required, and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27 June 1895

4. Place of Birth, (Street and Number) 257 E. Eager St.

5. Full Name of Mother, Augusta Wolfenstein

6. Mother's Maiden Name, Lichtstein

7. Mother's Birthplace, Russia

8. Full Name of Father, Louis Wolfenstein

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, D. Schuman

Address, 22 Monroe St.

Remarks,

5960004326

Wm. J. C. Dulany Co., City Printers and Stationers.

Said undertaker shall be delivered only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no certificate be given by the attending physician or practitioner within the period above required, and shall occur upon the mother, immediately thereafter, it shall become and until within the period above required, and child to report its birth to the Commissioner of Health, and it shall be the duty of the Commissioner to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 4th

1. Sex, (*state whether male or female*) Female
2. Race or Color, (*if not of the white race*) White
3. Date of Birth, June 24th 1896
4. Place of Birth, (*Street and Number*) 36 St Ann's Ave.
5. Full Name of Mother, Fabie Becker
6. Mother's Maiden Name, Milam
7. Mother's Birthplace, Pittsburg
8. Full Name of Father, Conrad J Becker
9. Father's Occupation Bristle Curler
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Black

Address, 815 Jefferson Ave

Remarks, Black

8960004327

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practicner of midwifery, or should no other person required to report the birth be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 June 1896
4. Place of Birth, (Street and Number) 2304 Kenwood ave
5. Full Name of Mother, Frances Agnes Fraser
6. Mother's Maiden Name, Wilding
7. Mother's Birthplace, Brudgaill Md
8. Full Name of Father, Alfred Fraser
9. Father's Occupation Salesman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jas E & H A Brooks

Address, 1808 Eutaw pl

Remarks, Born at Home

B 9 6 0 0 0 4 3 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race)
3. Date of Birth, 24th June 1896.
4. Place of Birth, (Street and Number) 1218 Carlton Street
5. Full Name of Mother, Ida Fanslee.
6. Mother's Maiden Name, B Eisele.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Edward J Fanslee.
9. Father's Occupation Laborer
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Eisenmann

Address, 2229 E Clark.

Remarks.

8960004329

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 June 1896
4. Place of Birth, (Street and Number) 1803 N White ave
5. Full Name of Mother, Rosa Eisele
6. Mother's Maiden Name, Rosa Finger
7. Mother's Birthplace, Germany
8. Full Name of Father, Gaspar Eisele
9. Father's Occupation Taylor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs W. Maennel Midwife

Address, 913 N Fulton ave

Remarks,

18960004330

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the name of the attending physician or midwife, if there was one, within five days thereafter. And between the first and third day of each and every month to the officer or practitioner of midwifery, or should no other person be in attendance upon such birth to the Commissioner of Health, in the manner and form prescribed by the Board, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons with whom the child is living, to report the same to the Commissioner of Health, in the manner and form prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 25. 1896.
4. Place of Birth, (Street and Number)	1928½ W. Pratt st
5. Full Name of Mother,	Victoria Ring.
6. Mother's Maiden Name,	Victoria Thomas.
7. Mother's Birthplace,	New York
8. Full Name of Father,	Antony Ring.
9. Father's Occupation	Tailor
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return,	Johanna T. Zeluis M.D.
Address,	1928½ W. Pratt st. Balto Md.
Remarks.	8960004331

said penalties shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the Commissioner of Health, at his office or at such other place as he may direct. To some one of which certificates shall be added the certificate of a physician or practitioner who shall have attended upon the birth of each child whose birth shall occur without the attendance of a physician or practitioner, and the duty of the person who shall be required, and shall occur without the attendance of a physician or practitioner, and the duty of the person who shall be required, and shall immediately thereafter, in the manner and within the time required, and attendance upon the birth to the Commissioner of Health, in the manner and within the time required, and child is reported, as aforesaid, to the Commissioner of Health, in the manner and within the time required, and any person or persons who shall neglect or refuse or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25 1896
4. Place of Birth, (Street and Number) 406 Nor. Exeter St
5. Full Name of Mother, Rebecca Berlein
6. Mother's Maiden Name, R. Blacker
7. Mother's Birthplace, Russia
8. Full Name of Father, Caple Berlein
9. Father's Occupation Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finberg

Address, 27 Lloyd St.

Remarks,

8960004332

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month after the birth of any child, at the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practioner of midwifery, or if the person or persons in attendance upon the mother, immediately thereafter, shall neglect and within the period above required, and after due notice, to report its birth to the Commissioner, he shall cause the same to be reported, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 June 1896
4. Place of Birth, (Street and Number) 453 Baroness ave
5. Full Name of Mother, Maggie Reib
6. Mother's Maiden Name, Fritzsina
7. Mother's Birthplace, Germany
8. Full Name of Father, John Reib
9. Father's Occupation Cooper
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Wm. R. Brooks
Address, 1028 Eastern
Remarks, Twin Well

6960004333

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Health Officer or Public Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no one of the persons above required, and attendance upon the mother, make return of the same within the period above required, and shall immediately thereafter, it shall become the duty of the person with whom or in whose house the birth of such child occurs to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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BIRTH RARE ADDED 1-20-60

RETURN OF A BIRTH. 27665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Beulah May Harp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26/96
4. Place of Birth, (Street and Number) 2205 E. Fayette Ste.
5. Full Name of Mother, Nellie Harp
6. Mother's Maiden Name, Lindemann
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Harp (HARP)
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Diemb[illegible]

Address, 201 E. Clark Ste.

Remarks.

1 8 9 6 0 0 0 4 3 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...born conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in charge of the house in which such birth occurs, or in case there is no person in charge of such house, then the nearest relative present, or the midwife in attendance, or any other person present at the birth, or the parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, (Okt.) Oct. 2 nd 1893
4. Place of Birth, (Street and Number) 1177 E Lombard.
5. Full Name of Mother, Mrs. Lena Cohn
6. Mother's Maiden Name, " " Stengle
7. Mother's Birthplace, Russia
8. Full Name of Father, Mr. Harry Cohen.
9. Father's Occupation, Painter
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Y. Feldman

Address, 1013 E. Lombard St.

Remarks,

8960004335

Wm J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or midwife, then it shall be the duty of the father or mother of such child, if capable, and in case of the inability of the parents, then the person in charge of the house in which such birth occurs, to report the same to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, (Oct) October 3rd 1896
4. Place of Birth, (Street and Number) 1007 & 1009 E. Lombard St.
5. Full Name of Mother, Jennie Adess
6. Mother's Maiden Name, " Lazeroff
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris Adess
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Feldman

Address, 1013 E. Lombard St.

Remarks,

8960004336

This day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately after the occurrence of such birth, it shall be the duty of the person in whose house or premises such birth may occur to notify the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77668

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 14th 1896
4. Place of Birth, (Street and Number) 1015 E. Pratt
5. Full Name of Mother, Fannie Lewis
6. Mother's Maiden Name, " Geltman
7. Mother's Birthplace, Russia
8. Full Name of Father, John Lewis
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mit. F. Feldman

Address, 1013 E. Lombard St.

Remarks,

1 8 9 6 0 0 0 4 3 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents or parent of said child to report the birth to the Commissioner of Health, as above required, and in case the parents or parent shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 14/96
4. Place of Birth, (Street and Number) 941 N. Washington st
5. Full Name of Mother, Maggie ~~Dittman~~ Luttman
6. Mother's Maiden Name, Hammbrecht
7. Mother's Birthplace, Germany.
8. Full Name of Father, Fred Kaminores
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, A. C. Feely M.D.

Address, 1108 Orleans st

Remarks, 6960004338

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 15th 1896
4. Place of Birth, (Street and Number) 320 W. Green st
5. Full Name of Mother, Daisy Kirk
6. Mother's Maiden Name, Daisy Sands
7. Mother's Birthplace, Hagerstown Md
8. Full Name of Father, Edwin P. Kirk
9. Father's Occupation Salesman
10. Father's Birthplace, Harford Co. Md
11. Name of Medical Attendant, or other person who makes this Return, W. R. Vanderlin
12. Address, Green & Mulberry st
13. Remarks,

1 8 9 6 0 0 0 4 3 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

The law requires that this certificate, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, shall be delivered at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any parent or person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and third day of each and every month to the officer of the Commissioner of Health, stating the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, such mother shall herself make the return of the birth of such child. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 7 1896
4. Place of Birth, (Street and Number) 120 Hatford St
5. Full Name of Mother, Mary Elmanger
6. Mother's Maiden Name, Lucy Gordon
7. Mother's Birthplace, Morgan W. Va
8. Full Name of Father, John Elmanger
9. Father's Occupation Driver
10. Father's Birthplace, Hagerstown Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Maigel

Address, Hoffman's Lane Baltimore

Remarks,

8960004340

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 77672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, October 8. 1896
4. Place of Birth, (Street and Number) 1604 - W Saratoga Street
5. Full Name of Mother, Mrs. Emily Eleanor Taylor
6. Mother's Maiden Name, Miss Emily Eleanor Sachs
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mr. George Wilson Taylor
9. Father's Occupation, Freight Conductor
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return, A. Hirsh M.D.

Address, 1235 - W - Lafayette Avenue

Remarks, 1896 0004341

one preceding shall be delivered, duly signed, to the conductor of the train, or other person in charge of the car, boat or vessel in which such child is removed from the city, and such conductor, or other person, shall deliver the same to the Commissioner of Health. In case the birth of any child shall occur while the mother is in attendance upon the mother immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as the manner and within the period above prescribed; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

O. SULLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 77673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race)
3. Date of Birth Oct 18th/96.
4. Place of Birth, (Street and Number) 822 N. Calhoun St.
5. Full Name of Mother, Debbie Clark
6. Mother's Maiden Name, Feddeman.
7. Mother's Birthplace, Centreville. Maryland.
8. Full Name of Father, Chas. R. Clark.
9. Father's Occupation, Salesman
10. Father's Birthplace, Near Centreville, Maryland.

Name of Medical Attendant, or other Person who makes this Return. Saml. T. Earle M.D.

Address, 1431 Linden Ave.

Remarks,

8960004342

Persons failing to make Return of Birth, and the Midwife, Nurse or Physician in attendance at the birth of a child, are required by law to make return of the same to the Office of the Commissioner of Health. In case the certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, it shall become the duty of the person or parents of such child, to be in attendance upon the Commissioner of Health, in the manner and within the period above mentioned, and any person or persons who shall hereafter fail to comply with the provisions contained in this section, shall be subjected to the fine of ten ($10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 77674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Oct 19/96
4. Place of Birth, (Street and Number) 116 N. Ed st
5. Full Name of Mother, Maud Hughes Menendez
6. Mother's Maiden Name. Maud Hughes Stubbs
7. Mother's Birthplace. Virginia
8. Full Name of Father. Frank C. Menendez
9. Father's Occupation Entry Clerk
10. Father's Birthplace, Cambridge Maryland

Name of Medical Attendant, or other person who makes this Return, E. Micheary M.D.

Address,

Remarks.

8960004343

Every day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of any other person who shall have been in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

OVER NAME ADDED 6-1-36

RETURN OF A BIRTH. 77675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Feldman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 21 96
4. Place of Birth, (Street and Number) 1007 Watson St
5. Full Name of Mother, Fanni Feldman
6. Mother's Maiden Name, " Zurick
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Feldman
9. Father's Occupation Presser
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Etta Klawansky

Address, 1022 S Lonsdale St.

Remarks,

8960004344

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the householder or person in charge of the premises where such child is born shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21 Oct 1896

4. Place of Birth, (Street and Number) 1102 Hallam Street

5. Full Name of Mother, Ella L. Witter

6. Mother's Maiden Name, Ella L. Shipley

7. Mother's Birthplace, Fair Haven A.A. Co. Md.

8. Full Name of Father, Frank L. Witter

9. Father's Occupation Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Eliz Brookes

Address, 1820 Light Street

Remarks, Ward Nurse

1896 00 04345

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the same be not reported as herein required, the parent or parents of such child, or person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 21st 1896
4. Place of Birth, (Street and Number) 1217 Patapsco st
5. Full Name of Mother, Maggie Feck
6. Mother's Maiden Name, Appelt
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. Feck
9. Father's Occupation, Workman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 434 E. Fort Ave

Remarks,

1896 0004346

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child forthwith to report to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate (except the first such schedule which shall be delivered within ten days after the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall become the duty of the parent or parents of said child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 October
4. *Place of Birth, (Street and Number)* Linn Str. 817
5. *Full Name of Mother,* Helena Vinglevic
6. *Mother's Maiden Name,* Jakolovic
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* (Jos) Joseph Vinglevic
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return

Address, 838 S Bond Str.

Remarks, Mary Frith

8960004347

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Registrar of Births, in case the birth of any child shall occur without the limits of a town or city, and the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 October
4. Place of Birth, (Street and Number) Thames Str. 1512
5. Full Name of Mother, Barry Ruley
6. Mother's Maiden Name, Bratley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Ruley
9. Father's Occupation Box Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Brett

Address, 838 S Bond Str.

Remarks,

8960004348

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1314 Permanent st
4. Place of Birth, (Street and Number) 21st August 1896
5. Full Name of Mother, Lydia Ottesen
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Joshua Lehrmann Lehmann
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. A. V. Fleagle M.D.

Address, 1118 Ocean st

Remarks, 6960004349

Wm. J. C. Dulany Co., City Printers and Stationers.

and otherwise shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the limits of the city, or should no physician or midwife be in attendance, the father or mother of such child shall report its birth to the Commissioner of Health, and shall comply with the provisions of this section. Any person who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct. 21, '96
4. Place of Birth, (Street and Number) 1118 Division St.
5. Full Name of Mother, Virginia A. Morsell
6. Mother's Maiden Name, Virginia A Howard
7. Mother's Birthplace, New York
8. Full Name of Father, Wm J. Morsell
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W. McKean Yost M.D.

Address, 1231 Argyle Ave.

Remarks,

8960004350

Every person required by law to report the birth of a child, and every person present at the birth of a child, is hereby required to make a certificate between the first and third days of each and every month to the Office of the Commissioner of Health, stating the birth of any child which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons shall forfeit and pay the sum of ten dollars for each offense, and the mother shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 77682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 Oct. 1896.

4. Place of Birth, (Street and Number) 211 Barney Street

5. Full Name of Mother, Emma M. Hamilton

6. Mother's Maiden Name, " Tompson

7. Mother's Birthplace, Brooklyn New York

8. Full Name of Father, William Samuel Hamilton

9. Father's Occupation Washington D.C.

10. Father's Birthplace, Conductor B. O. R. R.

Name of Medical Attendant, or other person who makes this Return. Eliza Brooks

Address, 1828 Light Street

Remarks, Young Well

8960004351

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Registrar of Vital Statistics, or Health officer, or Commissioner of Health. In case the birth of any child occurs without the attendance of a physician, then the said schedule shall be delivered, duly signed by the father, mother, householder or nurse in attendance upon the mother, to the Registrar, Commissioner of Health, or Health officer, within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 77683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the father or mother of such child, or in case of the death or inability of both father and mother, the householder in the house where such child was born, to give information of the particulars required by this section within the time and in the manner and with the like effect as above provided; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct. 22, 1896
4. Place of Birth, (Street and Number) 869 W. Franklin St.
5. Full Name of Mother, Eva Higgins
6. Mother's Maiden Name, Eva Lambert
7. Mother's Birthplace, Balto. (Return)
8. Full Name of Father, Jas. L. Higgins
9. Father's Occupation, Has none at present
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. D. Muse, M.D.

Address, 1004 W. Franklin St.

Remarks,

5960004352

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 77684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 22 96
4. Place of Birth, (Street and Number) 200 S Eutaw St
5. Full Name of Mother, Mary Rosen
6. Mother's Maiden Name, " T Coplan
7. Mother's Birthplace, Aaron Rosen Russia
8. Full Name of Father, Tailor Aaron Rosenman
9. Father's Occupation ~~Fr~~ Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Ozella S Lawanski

Address, 1122 E. Lombard St

Remarks,

1896 0004353

The duty of each and every month to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the name, sex, color, date and place of birth, and the name, maiden name, birthplace, occupation and residence of parents of each and every child born within the limits of Baltimore City during the preceding month, and the name and address of the physician, midwife or other person in attendance at such birth; and if no physician or midwife was in attendance, then the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-8-59

RETURN OF A BIRTH. 77685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

David Susmanovitz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Thursday Oct 22 nd '91
4. Place of Birth, (Street and Number) 819 Gough st 1427
5. Full Name of Mother, Rose Susmanowitz
6. Mother's Maiden Name, Kaplan
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Susmanowitz
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Miss G. Feldman

Address, 1013 E. Lombard St

Remarks,

6960004354

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife in attendance upon a birth, and every undertaker or other person who shall inter or remove the body of any child found dead, without having the certificate of a physician or midwife, as herein required, shall report such birth to the Commissioner of Health. If there be no physician or midwife in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of the house in which such birth occurred, or of the nearest relative of such child in the city, to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine or penalty herein for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 22nd 1896
4. Place of Birth, (Street and Number) 660 W. Mulberry st
5. Full Name of Mother, Naomi Darden
6. Mother's Maiden Name, [illegible] Carter
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Elton T. Darden
9. Father's Occupation Salesman
10. Father's Birthplace, Hampton Va

Name of Medical Attendant, or other person who makes this Return, Frank P. Glenn M.D.

Address, 922 W. Saratoga

Remarks,

1896 0004355

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of such birth, then the mother or nurse of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 3-10-52

RETURN OF A BIRTH 77687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person on parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Mathilda Mc Gall Fifth
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	October 22 1896
4. *Place of Birth, (Street and Number)*	1001 - N - Woodyear Street
5. *Full Name of Mother,*	Mrs Katie ~~Grand~~ Mc Gall
6. *Mother's Maiden Name,*	Miss Katie ~~Frazer~~ Friese
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Mr Campbell ~~Grand~~ Mc Gall
9. *Father's Occupation,*	Mason
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this return.	Dr Hodges M.D.
Address,	1235 - N - Lafayette Avenue
Remarks,	1896 0004356

BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 77688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Oct 22 1896
4. Place of Birth, (Street and Number) 1031 Lemmon st.
5. Full Name of Mother, Mary Pleasants
6. Mother's Maiden Name, Mary Augustus
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father, Daniel Pleasants
9. Father's Occupation Waiter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 1121 Saratoga st

Remarks,

1896 0004357

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM KODAK

RETURN OF A BIRTH. 77689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 22 '96
4. Place of Birth, (Street and Number) 1704 Riggs Ave
5. Full Name of Mother, Emma B. Johnson
6. Mother's Maiden Name, Emma B. Pilchard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry L. Johnson
9. Father's Occupation, General work
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, M. McLean Yost M. D.

Address, 1231 Argyle ave

Remarks,

8960004358

Every day's delay in making this return subjects the person making it to a penalty of ten dollars. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother of such child, or in her absence, the person in whose house or premises the birth shall occur, shall report the same to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect to report as herein required shall be subject to a penalty of ten dollars. In case the mother is unable to report the birth of her child, the duty of the person or parents of such child to report as herein required shall devolve upon the person in attendance upon the mother at the time of the birth, and any such person who shall neglect to report as herein required shall be subject to the penalty above mentioned. And any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 77690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 23 96
4. Place of Birth, (Street and Number) 1148 Granby St
5. Full Name of Mother, Celia Goldsmith
6. Mother's Maiden Name, " Davis
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Goldsmith
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address, 1002 E. Lombard St. J

Remarks,

1896000 4359

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or persons of such child to report its birth to the Commissioner hereafter full to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every case of each and every month to the office of the Commissioner of Health, within the limits of which such child was born, and shall state the name, if any, of the attendance upon such mother during her confinement. It shall become the duty of the person to other person be in attendance upon such mother during her confinement, to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Three
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Oct 23
4. *Place of Birth, (Street and Number)*	N Oldenburg St N 1014.
5. *Full Name of Mother,*	Sara Green
6. *Mother's Maiden Name,*	Ida Williams
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John Green
9. *Father's Occupation*	Barber Polisher
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Caroline Peterson
Address,	623 N Caroline St
Remarks,	Doing well as can expect

1896000043 60

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. To prove the birth of new-born child shall occur without the attendance of a physician or midwife, the mother, or in her absence, the nurse in attendance upon the mother, or other person who shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and shall give such information and produce such certificates as may be required by the Commissioner of Health; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be fined for each offence, not less than five nor more than ten dollars, to be recovered as other fines and forfeitures are recoverable. Section 10 of Act of 1898, Chapter 123.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	Oct 23 1896
4. *Place of Birth, (Street and Number)*	1133 Woodyear St.
5. *Full Name of Mother,*	Ida Coons
6. *Mother's Maiden Name,*	Ida Rhodes
7. *Mother's Birthplace,*	Lower Co.
8. *Full Name of Father,*	Steve Robin
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Fairfield Co.
Name of Medical Attendant, or other person who makes this Return,	Mary L Jones
Address,	1121 Saratoga
Remarks,	

5960004361

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth. October 23 96
4. Place of Birth, (Street and Number) Garrett Ave 1403
5. Full Name of Mother. Alexandrine Gavrushy
6. Mother's Maiden Name, Lubrityky
7. Mother's Birthplace. Russland
8. Full Name of Father, Martin Gavrushy
9. Father's Occupation Stevedore
10. Father's Birthplace, Russland

Name of Medical Attendant, or other person who makes this Return. Johanna Jarski
Garrett Ave 1369

Address.

Remarks.

1 8 9 6 0 0 0 4 3 6 2

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, such father, mother, householder, or nurse, in the city of the person or parents of such child, shall report its birth to the Commissioner in like manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars or each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 97694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if the parents or other person in charge of such child cannot give the information required by this section, it shall become the duty of the person or persons in attendance upon the mother at the birth of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Oct 24 1896
4. *Place of Birth, (Street and Number)* 1422 Warner Place
5. *Full Name of Mother,* Julia E Gross
6. *Mother's Maiden Name,* Julia Jones
7. *Mother's Birthplace,* Elmer Co
8. *Full Name of Father,* Samuels Gross
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 1124 Saratoga St

Remarks,

B 9 6 0 0 0 4 3 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Florence Pensel 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 24th 96.
4. Place of Birth, (Street and Number) 1518 E. Preston st.
5. Full Name of Mother, Clara Pensel
6. Mother's Maiden Name, Clara Fales
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, William Pensel
9. Father's Occupation Druggist
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return. Charles H. A Meyer M.D.

Address, 1019 N Caroline st

Remarks. GIVEN NAME ADDED 2-24-53

1896000436 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Within three days after every birth to the office of the Commissioner of Health. In case the birth of any child shall occur without the state, the certificate of birth shall be made by the midwife, or the person or parents of such child, and the return of the same shall be made to the Commissioner of Health within the period above required. If the attendance of a physician or midwife at a birth shall become the duty of any person other than the parent or parents of such child, such person shall within the period above required, report in writing to the Commissioner of Health, in the manner and with the particulars required by the provisions of this section, the name of the mother, the time and place of birth, and the name and residence of the physician or midwife present at the birth. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday Oct 24th 96 (8.05 P.M.)
4. Place of Birth, (Street and Number) 630 N. Gilmor St
5. Full Name of Mother, Gertrude E. Ruthrauff
6. Mother's Maiden Name, Gertrude E. Atchison
7. Mother's Birthplace, Weston W. Va
8. Full Name of Father, Wm E. Ruthrauff
9. Father's Occupation Saleaman
10. Father's Birthplace, Hagerstown Md

Name of Medical Attendant, or other person who makes this Return. C. M. Welch M.D.

Address, 112 N. Mulberry St Baltimore

Remarks, 8960004365 Md

Every case of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons in attendance upon the mother, immediately after the birth, to report the particulars of such birth as required by the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be liable, upon conviction, to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 77697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 24th 1896
4. *Place of Birth, (Street and Number)*	729 E. Hoffman St.
5. *Full Name of Mother,*	Mrs. Martha Thomas Dooley
6. *Mother's Maiden Name,*	" " Gaither
7. *Mother's Birthplace,*	Isle of White Co. Va.
8. *Full Name of Father,*	John F. Dooley
9. *Father's Occupation,*	Plumbing
10. *Father's Birthplace,*	W. Virginia
Name of Medical Attendant, or other person who makes this Return.	Mary Pitts
Address,	719 Bunen St.
Remarks,	Home.

8960004366

child otherwise shall be delivered, duly signed by the Physician or Midwife in attendance, or by the parent of such child, if there be no Physician or Midwife in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of either Physician or Midwife, or should no other person be in attendance upon the mother at the birth, then the parent of such child shall within ten days thereafter make the return required by this section. Any Physician or Midwife who shall neglect for more than ten days after the birth of any child to report such birth to the Commissioner of Health, in the manner and with the particulars required by this section, or who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. GILBERT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 77698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become and within the period above required, until the duty of such person or parents of such child or other person who shall have the care of such child or other person who shall have the care of such child to comply with the provisions of this section. And in case of the neglect of any such person or persons who shall have the care of such child to comply with the provisions of this section, he or she shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday October 24th 11
4. Place of Birth, (Street and Number) 27 Lloyd St
5. Full Name of Mother, Celia Feldman
6. Mother's Maiden Name, Serlovitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Russell Feldman
9. Father's Occupation, Cloaches Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Y. Feldman

Address, 1013 E. Lombard St.

Remarks,

8960004367

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the householder or owner or agent of the premises where the birth occurs shall report the case within the time above specified, and in default thereof shall be liable to a penalty of ten dollars. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	Oct 2 1896
4. *Place of Birth, (Street and Number)*	1218 Russel Avenue
5. *Full Name of Mother,*	Blanche Coates
6. *Mother's Maiden Name,*	Blanche Garrett
7. *Mother's Birthplace,*	Washington Co Md
8. *Full Name of Father,*	William Coates
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore Co Md
Name of Medical Attendant, or other person who makes this Return.	Mary E Jones
Address,	1220 Darley Ave
Remarks,	

8960004368

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 77200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th day of Oct. 1896 —
4. Place of Birth, (Street and Number) 890 W. Lombard St —
5. Full Name of Mother, Emma F. Street
6. Mother's Maiden Name, Slattier.
7. Mother's Birthplace, Balto City —
8. Full Name of Father, Clarence J. Street
9. Father's Occupation, Paper hanger
10. Father's Birthplace, Balto city —

Name of Medical Attendant, or other person who makes this Return. Paul F. Goodwin M.D.

Address,

Remarks, 707 W. Lombard St 04369

The third day of each and every month to the Clerk of the Commissioners of Health, at his office, as by law is required; and in default or neglect of such physician or midwife, or should no other person be in attendance of a physician or practitioner or midwife, then it shall be the duty of the person or parents of such child to report its birth to the Commissioners of Health, in the manner and within the period above required; and in case such person shall neglect or refuse to comply with the provisions of this section, such person shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

956. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 77701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health, license the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such attendance upon the birth, to notify the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) Color
3. *Date of Birth*, Oct 25 1896
4. *Place of Birth*, (*Street and Number*) 710 Woodyear St.
5. *Full Name of Mother*, Annie Louise
6. *Mother's Maiden Name*, Annie Gross
7. *Mother's Birthplace*, Egbert Co.
8. *Full Name of Father*, Philip Cook
9. *Father's Occupation* Laboring
10. *Father's Birthplace*, Egbert Co.

Name of Medical Attendant, or other person who makes this Return, Mary C Jones

Address, 1120 Saratoga St

Remarks,

8960004370

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color. (if not of the white race)*	White
3. *Date of Birth.*	October 25th 1896.
4. *Place of Birth, (Street and Number)*	1524 Harlem Ave
5. *Full Name of Mother,*	Maria Louisa Cassidy
6. *Mother's Maiden Name,*	" Burke
7. *Mother's Birthplace.*	Baltimore
8. *Full Name of Father,*	George Cassidy
9. *Father's Occupation*	No occupation
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie M.D.
Address.	219 W Monument St
Remarks.	

8960004371

third day of each and every month to the office of the Commissioner of Health. In case a child shall not have been born in the city, or if the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then it shall be the duty of the person or parents of such child, or person in whose house or premises the birth shall occur, to report the same, and the particulars of such birth to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 27th 1896
4. *Place of Birth, (Street and Number)*	No 1522 Riverside ave
5. *Full Name of Mother,*	Emma Reprnick
6. *Mother's Maiden Name,*	Emma Brant
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Reprnick
9. *Father's Occupation*	Cigarmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Catharine Hornung
Address,	No 1517 Byrd st
Remarks,	

8960004372

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1*st*, ~~2d, 3rd, &c.~~)

1. *Sex.* (~~state whether male or~~ *female*)
2. *Race or Color.* (~~if not of the white race~~)
3. *Date of Birth.* Oct 27th 1896. 5 Minutes after 12 P.M.
4. *Place of Birth,* (Street and Number) 1929 Eaton St.
5. *Full Name of Mother.* Hannah Cooper
6. *Mother's Maiden Name.* " Huber
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph H. Cooper
9. *Father's Occupation.* Car Builder Fraction Co
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Alex J. Thrasher M.D.

Address, 20 N. Bolton St

Remarks, Twin to 3773

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third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the father or mother of such child, or in default of the father or mother, the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 6 U 0 0 4 3 7 4

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person, as is required, attend the mother immediately hereafter, it will become the duty of the person above required, and attendance upon the birth to the Commissioner of Health, in the manner and within the time specified. And such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 17
4. Place of Birth, (Street and Number) 2866 Lanvale st
5. Full Name of Mother, Mary Sophia Vice
6. Mother's Maiden Name, Miss Gill Pease
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lewis Henry Vice
9. Father's Occupation Mechanic
10. Father's Birthplace, Wethersvill

Name of Medical Attendant, or other person who makes this Return, Mary I Pengay

Address, 2847 Lanvale st

Remarks,

8960004375

Wm. J. C. Dulany Co., City Printers and Stationers

Section 2. And be it further enacted, That if any person or persons shall practice midwifery, or shall act as midwife for hire, in the city of Baltimore, and shall neglect or refuse to report any birth which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the midwife who shall be in attendance, as hereinafter it shall become the duty of the person or parents of such child, and in case there be no parent living, then the person having the control of such child, to report the birth to the Commissioner of Health, in the manner and within the time prescribed; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 212 N. Green St

4. Place of Birth, (Street and Number) Octo 19th 1896

5. Full Name of Mother, Albertina Klaus

6. Mother's Maiden Name, Noll

7. Mother's Birthplace, Philadelphia Pa

8. Full Name of Father, Frederick Wm Klaus

9. Father's Occupation Silver ware Manufacturer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, J. Ridgway Brooks M.D.

Address, 1128 E Balto St

Remarks.

8960004376

Any person who shall refuse or neglect to report the birth of a child, as required by this section, or who shall report any false information relative thereto, or who shall neglect or refuse to furnish such information relative to the birth as may be in his possession, shall be guilty of a misdemeanor, and on conviction thereof shall be punished by a fine not exceeding fifty dollars for each offence. And it shall become the duty of the mother, immediately thereafter, if she resides in the same house with the person required to report the birth to the Commissioner of Health, to report to him the particulars required by this section. If the mother shall refuse or neglect to comply with the provisions of this section, she shall be subject to the same penalty as the person required to report the birth. And it shall become the duty of any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. Sex, (state whether male or female) Twins Both Males
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 18
4. Place of Birth, (Street and Number) 2858 Lanvale St
5. Full Name of Mother, Mary Lucinda Gluning
6. Mother's Maiden Name, M. L. [illegible] Kraft
7. Mother's Birthplace, Carroll County
8. Full Name of Father, William Gluning
9. Father's Occupation Wheelwright
10. Father's Birthplace, Carroll County

Name of Medical Attendant, or other person who makes this Return, Mary Jane Penegay

Address, 2847 Lanvale St

Remarks,

8960004377

This Card is to be filled out by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person so neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	October 19 1896
4. Place of Birth, (Street and Number)	Baltimore 1404 Lemon St
5. Full Name of Mother,	Elenor Cooper
6. Mother's Maiden Name,	Ellen - Harris
7. Mother's Birthplace,	Baltimore County
8. Full Name of Father,	Benjamin Cooper
9. Father's Occupation	Porter
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Carline Green
Address,	1066 Pratt St
Remarks,	

8960004378

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child, to report in writing to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the Provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 24 96
4. Place of Birth, (Street and Number) S.W. Cor. Eden and Robinson
5. Full Name of Mother, Mary C. Clusham
6. Mother's Maiden Name, Hartley
7. Mother's Birthplace, " "
8. Full Name of Father, B. C. P. Clusham
9. Father's Occupation, Engineer
10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Wellington M.D.

Address, 6 N. Broadway

Remarks, 8960004379

shall occur without the attendance of a physician or practitioner of midwifery, or where no other person is in attendance upon the mother, such person shall, within ten days after the occurrence of such birth, report the same to the Commissioner of Health, in the manner required by the provisions of this section, and any such person or persons who refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED, 10-22-64

RETURN OF A BIRTH. 77711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Jacob Robert Eisenberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female).	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	October 26th 1896
4. Place of Birth, (Street and Number)	121 Rodgers Avenue
5. Full Name of Mother,	Mollie Eisenberg
6. Mother's Maiden Name,	Buckhoff
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Louis Eisenberg
9. Father's Occupation	Grocer
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return.	J Ridgway Andrè M.D.
Address.	1123 E Baltimore st
Remarks.	

+ 5960004380

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77712

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of Child: Elizabeth Mary Scharnagl.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	~~October~~ 26th 1896.
4. Place of Birth (Street and Number)	# 1300 W. Franklin St.
5. Full Name of Mother	Minnie M. Scharnagl.
6. Mother's Maiden Name	Bowen.
7. Mother's Birthplace	Baltimore — Maryland.
8. Full Name of Father	John A. Scharnagl.
9. Father's Occupation	Mechanic.
10. Father's Birthplace	Baltimore — Maryland.
Name of Medical Attendant, or other Person who makes this Return.	Ridgely Hammond M.D.
Address	# 502 N. Carey St.
Remarks	

8960004381

Every Birth occurring within the City of Baltimore, and every Child found therein, whose parentage, birth, or residence is unknown, must be reported within 24 hours after such birth or finding, by the Physician in attendance, or by the Midwife, Nurse, Parent, Householder, or Person having charge of such Child, stating the Sex, Color, Date of Birth, Name, if any, and Residence of the Parents, and the Maiden Name of the Mother of such Child or Children.

25

RETURN OF A BIRTH 77773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26th of October 1876
4. Place of Birth, (Street and Number) No 1147 Forrest Ave Locust Point
5. Full Name of Mother, Katie Blümke
6. Mother's Maiden Name, " Konrad
7. Mother's Birthplace, Germania U. S.
8. Full Name of Father, Christoph Blümke
9. Father's Occupation Labor
10. Father's Birthplace, Russia Polan

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaeffer

Address, No 170 E Ford Ave Locust Point

Remarks,

8960004382

third day of each and every month to the office of the Commissioner of Health, in the City of Baltimore, a certificate of the birth of each child born within the limits of said City, or should no other person be in attendance at the birth, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned, and upon refusal or neglect of either of them so to do, each and every person so offending shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct 27th 1896

4. Place of Birth, (Street and Number) 619 Gilmor St Rear

5. Full Name of Mother, Lillie F. J. Ballard

6. Mother's Maiden Name, Lillie Colvin

7. Mother's Birthplace, Charles Co Md

8. Full Name of Father, Henry Ballard

9. Father's Occupation Waiter

10. Father's Birthplace, Charlotte C Carolina

Name of Medical Attendant, or other person who makes this Return, Lucy Cohen

Address, E 3-47 Eutaw alley

Remarks,

8960004383

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 27 1896

4. Place of Birth, (Street and Number) 105 s Lenadier st

5. Full Name of Mother, Lydia J Davis

6. Mother's Maiden Name, Lydia J Rhodes

7. Mother's Birthplace, Baltimore City dtd

8. Full Name of Father, Eugene Davis

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore City dtd

Name of Medical Attendant, or other person who makes this Return. M A Davenport

Address, 202 E Pratt st

Remarks, Dang Well

1 8 9 6 0 0 0 4 3 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 10th 96
4. Place of Birth, (Street and Number) Md Gen Hosp.
5. Full Name of Mother, Maggie Smith
6. Mother's Maiden Name, Doble.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, O O Humphreville M.D

Address, Md Gen Hosp

Remarks,

1896 0004385

Every one who shall neglect to report any birth as required by this section, or shall report any false or incorrect information concerning any such birth, or shall neglect or refuse to furnish any information required by the Commissioner of Health, in pursuance of the provisions of this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than fifty dollars for each offence. And every physician or practitioner of midwifery, or should no other person be in attendance, then the father or mother of any child whose birth shall occur without the assistance of a physician or practitioner of midwifery, or should no other person be in attendance, then the father or mother of any child whose birth shall occur without the assistance of a physician or practitioner of midwifery, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above mentioned, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Oct - 11th - 96
4. Place of Birth, (Street and Number) Md Gen Hosp.
5. Full Name of Mother, Lizzie Richardson
6. Mother's Maiden Name, Sams
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return. A V Dunphie MD

Address, Md Gen Hosp

Remarks,

B 9 6 0 0 0 4 3 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Oct 15 1896

4. Place of Birth, (Street and Number) Md General Hospi-

5. Full Name of Mother, Annie Howe

6. Mother's Maiden Name, Howe

7. Mother's Birthplace, Md.

8. Full Name of Father, Unknown

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, A Abernethie M.D.

Address, Md General Hospital

Remarks,

1 8 9 6 0 0 0 4 3 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Oct 17th 96
4. Place of Birth, (Street and Number) 3rd Hud Hosp
5. Full Name of Mother, Blanche Collins
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Baltimore
8. Full Name of Father, unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return, O O Longfellow M.D.

Address, 3rd Hud Hosp

Remarks,

1896 004388

Wm. J. C. Dulany Co., City Printers and Stationers.

Any duty of each and every month to be called in the Department of Vital Statistics, a record of each birth of any child that shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black.

3. Date of Birth, Oct - 19 - 1896

4. Place of Birth, (Street and Number) Md Gen Hospital

5. Full Name of Mother, Nonnie Harris

6. Mother's Maiden Name, Anne

7. Mother's Birthplace, Maryland

8. Full Name of Father, [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, O O Humphrey M.D.

Address, Md Gen Hosp.

Remarks,

8960004389

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 8 96

4. Place of Birth, (Street and Number) 921 Eutaw St

5. Full Name of Mother, Mary Hawes

6. Mother's Maiden Name, Lodge

7. Mother's Birthplace, Md

8. Full Name of Father, Wm Brown

9. Father's Occupation Farmer

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr O Lumpkin Md

Address, 921 Eutaw St

Remarks,

1896000439 0

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-16-56

RETURN OF A BIRTH 77722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Nellie Alford Swann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct 14th 1896
4. Place of Birth, (Street and Number) 1339 N. Caroline St
5. Full Name of Mother, Mrs Emma Swann
6. Mother's Maiden Name. " Emick
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Thomas A. Swann
9. Father's Occupation, Proprietor Tinsheet Iron Work, Slate
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. D. W. Cathell M.D.

Address, 1308 N Charles St

Remarks,

the day of each and every month to the Undertaker of midwifery, or should no other person be in attendance at the birth, then the physician or practitioner of midwifery, or should no other person be in attendance of a physician or practitioner, then the person who shall become the duty of the person in charge of such house where the birth occurs, or if such birth occur elsewhere than in a house, then the person who shall be required, and shall occur without the mother, immediately thereafter, in the manner and within the time required, and attend to report its birth to the Commissioner of Health, in the manner and within the time required by this section shall be subject to the penalty of ten (10) dollars for each offence. If any such person or persons shall hereafter fail to comply with this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in the same manner as other fines and forfeitures are recoverable.

WILLIAMS & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 77723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 24th
4. *Place of Birth, (Street and Number)* 1321 Bayard Street
5. *Full Name of Mother,* Mary Butler
6. *Mother's Maiden Name,* Mary Grason
7. *Mother's Birthplace,* Prince George County
8. *Full Name of Father,* Oates Butler
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Howard County

Name of Medical Attendant, or other person who makes this Return, Isabella Matthews

Address, No. [illegible] Bayard

Remarks,

8960004392

... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Louise Seibert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 24-96
4. Place of Birth, (Street and Number) Md Gen Hosp
5. Full Name of Mother, Emma Seibert
6. Mother's Maiden Name, Mekenna
7. Mother's Birthplace, Md
8. Full Name of Father, Ed Seibert
9. Father's Occupation Hook driver
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, O. C. Pumphrey M.D.

Address, Md Gen Hosp.

Remarks,

1896 0004393

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health, at the City Hall, the birth of any child who shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the birth, it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 26 1896

4. Place of Birth, (Street and Number) 1815 Bruns St.

5. Full Name of Mother, Wm Mc Fadden

6. Mother's Maiden Name, unknown

7. Mother's Birthplace, Md

8. Full Name of Father, Chas Mc Fadden

9. Father's Occupation Sobre

10. Father's Birthplace, unknown

Name of Medical Attendant, or other person who makes this Return, O A Humphries M.D.

Address, Md Gen Hosp

Remarks,

+ 8960004394

(third day of each and every month to the office of the Commissioner of Health. A fine not to exceed ten dollars shall be imposed upon any midwife, or other person in attendance upon the mother, immediately after the birth of any child, who shall fail to report such birth to the Board of Health, in the manner and within the period above required. And if the mother, immediately after the birth of any child, shall fail to report such birth to the Board of Health, in the manner and within the period above required, and shall not employ a physician or midwife, or if such physician or midwife shall be in attendance upon the mother, immediately after the birth of any child, and shall fail to report such birth to the Board of Health, in the manner and within the period above required, any such person or persons so offending shall, in addition to the penalty above provided, be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or midwife or the same be not reported within the time prescribed by law, it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26th Oct. 1876
4. Place of Birth, (Street and Number) 1013 Myrtle Avenue
5. Full Name of Mother, Mary E. McLaughlin
6. Mother's Maiden Name, " E. Doyle
7. Mother's Birthplace, Crotty, Md.
8. Full Name of Father, Wm. J. McLaughlin
9. Father's Occupation Lawsuing
10. Father's Birthplace, Wash. D.C.

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N. Bridgeford St.

Remarks,

+ 8960004395

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-1-58

RETURN OF A BIRTH. 77727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Elizabeth Jane Shannon First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 26 1896
4. Place of Birth, (Street and Number) 111 N Mulberry St
5. Full Name of Mother, Ida Rosealba Shannon
6. Mother's Maiden Name, Ida Rosealba Henry
7. Mother's Birthplace, Harper Md
8. Full Name of Father, Bernard S. Shannon
9. Father's Occupation Bookkeeper
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 231 N Fayette St

Remarks,

84600043 96

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a Physician or Midwife, the father, mother, or householder where the birth occurs, or the person having charge of such child, shall immediately thereafter, it shall become and shall within the period above required, and in the manner above directed, report the same to the Registrar, in default of which he shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Oct. 29, 1896.
4. Place of Birth, (Street and Number) 329 Wkt Coat St.
5. Full Name of Mother, Nellie Powell.
6. Mother's Maiden Name, Nellie Greene.
7. Mother's Birthplace, Prince George's County.
8. Full Name of Father, William Powell.
9. Father's Occupation Laborer.
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Matilda Johnson.

Address, 1408 Bruce St., Balto., Md.

Remarks,

5960004397

shall occur without the attendance of a physician or practicer of midwifery, or such other person as shall be in attendance upon such mother, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-26-50

RETURN OF A BIRTH. 77729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, (&c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Oct 18 96
4. Place of Birth, (Street and Number)	514 N. Stricker St.
5. Full Name of Mother,	Laura Morgan
6. Mother's Maiden Name,	Faith
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Arthur Morgan
9. Father's Occupation	Clerk
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	D. McNelson
Address,	1108 Bond Ave
Remarks,	

8960004398

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 77730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 12th

4. Place of Birth, (Street and Number) 512 E. [illegible] St.

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] E. [illegible] St.

Remarks, 1 8 9 6 0 0 0 4 3 9 9

third day of each and every [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 Oct 1911
4. Place of Birth, (Street and Number) 1370 S. Sharp St.
5. Full Name of Mother, Anna Dow.
6. Mother's Maiden Name, Espig.
7. Mother's Birthplace, [illegible]
8. Full Name of Father, Wm. Dow.
9. Father's Occupation, Cafe Prop.
10. Father's Birthplace, Sweden Germany

Name of Medical Attendant, or other person who makes this Return, Miss Bruce

Address, 711 S. Crosby St.

Remarks,

18960044488

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person as aforesaid be present at the birth, it shall immediately thereafter, in like manner and within the period above required, and any such person who shall have been present at the birth, or the person in charge of such child to report the birth as aforesaid, who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday October 4th 1896
4. Place of Birth, (Street and Number) Baltimore Maryland 109 Lanvale St
5. Full Name of Mother, Annie M. Snyder
6. Mother's Maiden Name, " " Schimpff
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adalbert H. Snyder
9. Father's Occupation Cupola Tender
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 111 N. Gross St.

Remarks,

18960044401

shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and after such person or parents shall have been notified by the Commissioner of Health, he or they shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 5th 1896
4. Place of Birth, (Street and Number) 1106 Pinkney st
5. Full Name of Mother, Helena Kelly
6. Mother's Maiden Name, Helena Noonan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Francis Kelly
9. Father's Occupation Huckster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Bange

Address, 714 N. Gross st

Remarks,

8960004402

shall occur without the attendance of a physician or practicer of midwifery, or knowing any other facts as to attendance upon the mother, immediately (hereafter) it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, within the period above required, and may such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) f

2. Race or Color, (if not of the white race) W

3. Date of Birth, Oct 6 '96

4. Place of Birth, (Street and Number) 2005 Federal St

5. Full Name of Mother, Mary A. Dumler

6. Mother's Maiden Name, A. Steinkamp

7. Mother's Birthplace, Balto

8. Full Name of Father, Jno H. Dumler

9. Father's Occupation, Ice Dealer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm J. Watson

Address, 1601 N. Broadway

Remarks, City

1896 0004403

Wm. J. C. Dulany Co., City Printers and Stationers.

Any physician or midwife who shall neglect to report the birth of any child, when required by law, or shall refuse to report the name and residence of the person or parents of such child to report its birth to the Commissioner of Health, shall be required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or person in charge, on the day of the person or parents of such child to report to birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse full to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th October 1896
4. Place of Birth, (Street and Number) 1129 Pinckney St
5. Full Name of Mother, Mathilde Schumann
6. Mother's Maiden Name, Mathilde Glaser
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Schumann
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Miss Bruce

Address, 911 N. Gross St.

Remarks,

18960004404

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Sept 7th 1896
4. *Place of Birth, (Street and Number)*	714 N. Gilmore st
5. *Full Name of Mother,*	L. J. Miles
6. *Mother's Maiden Name,*	" " Burke
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	L. Hamilton Miles
9. *Father's Occupation*	Produce Merchant
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Dr Henry Hill Bro
Address,	8 & N. Arlington Ave
Remarks,	

1 8960004405

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 77737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 6th

4. Place of Birth, (Street and Number) 330 Parrish St

5. Full Name of Mother, Annie Bowden

6. Mother's Maiden Name, Squire Ruth

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William L. E. Bowdidge

9. Father's Occupation Paper Hanger

10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. Barnes

Address, 711 N. Gilmor st.

Remarks,

8960C04406

shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child, or the nearest relative present, or the owner or agent of the premises where such birth occurs, or the midwife in attendance upon the mother, immediately on the expiration of the period above required, to report the birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM

GIVEN NAME ADDED 6-10-58

RETURN OF A BIRTH. 77738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna M. Scheib

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	8th of October 97
4. Place of Birth, (Street and Number)	1221 Scott str.
5. Full Name of Mother,	Elisabeth Scheib
6. Mother's Maiden Name,	Elisabeth Lanzer
7. Mother's Birthplace,	Lancaster Pa
8. Full Name of Father,	William Henry Scheib
9. Father's Occupation	Carpenter
10. Father's Birthplace,	Williamsburg. New York
Name of Medical Attendant, or other person who makes this Return,	Mrs Ben
Address,	711 W. Cross st
Remarks,	

8760004407

shall occur without the attendance of a physician or practitioner on the day, or during the day next after the day, of the birth of such child, it shall become the duty of the person or persons in charge of such attendance upon the mother immediately after the birth, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 6th

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 10th
4. Place of Birth, (Street and Number) 1360 N Stricker St
5. Full Name of Mother, Laura Albert
6. Mother's Maiden Name, " McIlhaney
7. Mother's Birthplace, Balto City
8. Full Name of Father, F. Augustus Albert
9. Father's Occupation, Salesman
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Dr Chas E. Huck

Address, 847 N Lafayette Ave

Remarks, 1896 0004408

Any physician or practitioner of midwifery, or other person who shall neglect or refuse to make the return required by this section, shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77740

GIVEN NAME ADDED, 12-2/62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Spaulding Albert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 11th 1896
4. Place of Birth, (Street and Number) 1401 Argyle ave
5. Full Name of Mother, Theresa A. Albert
6. Mother's Maiden Name, A. Landsberg
7. Mother's Birthplace, Balto City
8. Full Name of Father, L. Spalding Albert
9. Father's Occupation Clerk
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Wm G. Huck

Address, 647 W Lafayette Ave

Remarks, 8960004409

third day of each and every month to the office of the Commissioner of Health, or shall, no other person be in attendance upon the mother, immediately report the same to the Commissioner of Health, in the manner and within the period above required, and shall report the time and place of birth, and such other particulars as may be required by the Commissioner of Health; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician, it shall become the duty of the person or parents of such child to report the same to the Registrar of Vital Statistics, within the period of ten days, and attendance upon the mother, immediately after the occurrence of such birth, in the manner and within the period above specified, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13th day of October
4. Place of Birth, (Street and Number) 1207 E. Scott Street
5. Full Name of Mother, Blanche B. Rutland
6. Mother's Maiden Name, Blanche B. Berry
7. Mother's Birthplace, U. S. Baltimore Co.
8. Full Name of Father, William H. Rutland
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Boyce

Address, 714 N. Howard

Remarks.

8960004410

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color. (if not of the white race)* White

3. *Date of Birth,* 17 Oct.

4. *Place of Birth, (Street and Number)* 134 Sharp St.

5. *Full Name of Mother,* Bertha Hauser

6. *Mother's Maiden Name,* [illegible] Grapske

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Louis Hauser

9. *Father's Occupation* Cabinet Maker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, [illegible] Berge

Address, 7[illegible] [illegible]

Remarks,

8960004411

shall occur without the attendance of a physician or practitioner of midwifery, [illegible] of the person or parents of such
attendance upon the mother, immediately thereafter it shall become the duty [illegible]
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 15th 1896
4. Place of Birth, (Street and Number) 7 W. Barre St.
5. Full Name of Mother, Annie ~~Holmes~~ Wallis
6. Mother's Maiden Name, Hobbs
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. E. T. Wallis
9. Father's Occupation Asst. Bookkeeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm Bouge

Address, 711 N. Eutaw st.

Remarks,

5960 0 0 4 4 1 2

shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth immediately; thereafter, it shall become the duty of the physician or midwife in attendance upon such birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be guilty of a misdemeanor upon conviction thereof in the Criminal Court of Baltimore, and for each and every such offence shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 17th 1896

4. Place of Birth, (Street and Number) No. 1116 Carroll Street

5. Full Name of Mother, Sarah Ellen White

6. Mother's Maiden Name, Sarah Ellen Bimpma

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Charles Pastora White

9. Father's Occupation Store Keeper

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Boyle

Address, 711 N. Eutaw St

Remarks,

8960004413

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall refuse or neglect to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than fifty dollars, and in default of payment of such fine shall be imprisoned in the city jail for a period not exceeding thirty days. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every person within the city immediately thereafter it shall become the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 18th 1896
4. Place of Birth, (Street and Number) 2416 Boston Street
5. Full Name of Mother, Louise P Knowles
6. Mother's Maiden Name, Louise P Meister
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H Knowles
9. Father's Occupation Clerk Grocer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Dr Harrison E Brooks 1532 Madison Ave

Remarks.

1 8 9 6 0 0 0 4 4 1 4

If any child born within the limits of Baltimore City hereafter shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician, it shall become the duty of the person or parents of such child to report the fact to the Registrar, who shall report it to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately after the birth of the child, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, Ellen Estelle Howard
6. Mother's Maiden Name, Ellen Estelle Lewis
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, George Wm Howard
9. Father's Occupation Retired Business
10. Father's Birthplace, Baltimore city Maryland

Name of Medical Attendant, or other person who makes this Return, Kirby Carpenter

Address, 714 N. Eutaw St

Remarks, [illegible]

1896004415

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Charles Ernest Dearing 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 21 1896
4. Place of Birth, (Street and Number) 1443 Riverside ave
5. Full Name of Mother, Mary Dearing
6. Mother's Maiden Name, Freas
7. Mother's Birthplace, Germany
8. Full Name of Father, Otto Dearing
9. Father's Occupation Workman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Schwartz

Address, 429 E. Fort Ave

Remarks, GIVEN NAME ADDED. 8-17-53 L. M.

B 9 6 0 0 0 4 4 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child, if there be no attendant, and of the householder of the house in which the mother is, if there be no parent, and of every other person present at the birth, and of the undertaker upon the mother, immediately hereafter it shall become the duty of the person or parents of such child, if there be no attendant, and of the householder of the house in which the mother is, if there be no parent, and of every other person present at the birth to the Commissioner of Health, in the manner and within the period above required, and all the provisions of this section shall be applicable to such person or persons, and the penalty for violation of this section shall be recoverable. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 21

4. Place of Birth, (Street and Number) 11 patapsco st

5. Full Name of Mother, Deanie Alberta

6. Mother's Maiden Name, Deanie Alberta Lissey

7. Mother's Birthplace, Baltimore MD

8. Full Name of Father, Albert

9. Father's Occupation Labor

10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Chase St

Remarks,

1896 0004417

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 23rd 1896
4. Place of Birth, (Street and Number) No 648 Portland steet
5. Full Name of Mother, Amelia Petre
6. Mother's Maiden Name, Amelia Schminske
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Paul Petre
9. Father's Occupation Porter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Gay St

Remarks,

8 V 6 0 0 8 4 4 1 8

The parent or parents of every child born in Baltimore City hereafter shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77750

GIVEN NAME ADDED 1/18/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: FLORENCE ELIZABETH Edwards

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	f
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct 24 '96
4. Place of Birth, (Street and Number)	2007 E. Oliver St
5. Full Name of Mother,	Louisa J. Edwards
6. Mother's Maiden Name,	" Smith
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Charles A. Edwards
9. Father's Occupation	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
Address,	1601 Broadway
Remarks,	City

1896 00044 19

shall recover without the attendance of a physician or midwife, or the delay of the person or parties of such attendance upon the mother, immediately thereafter, it shall become null within the period above required, and child to report its birth to the Commissioner, as herein set forth, in the manner and with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two (2)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sat. Oct. 24 1896

4. Place of Birth, (Street and Number) Maryland Ave

5. Full Name of Mother, Lucy Smith

6. Mother's Maiden Name, Lucy Jackson

7. Mother's Birthplace, Va.

8. Full Name of Father, Frederic Smith

9. Father's Occupation Laborer

10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this return, Susan E. Bailey

Address, # 8 Talbot St. Waverly

Remarks, Well

1896 0004420

attendance upon the mother, himself give, forthwith, a like notice and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 26th
4. *Place of Birth, (Street and Number)*	#1126 Cleveland St. Balto.
5. *Full Name of Mother,*	Theresa Bessel
6. *Mother's Maiden Name,*	Theresa Lang
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	George Henry Bessel
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Bauge
Address,	[illegible]
Remarks,	

8960	0442

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27

4. Place of Birth, (Street and Number) 1121 Cincinnati St.

5. Full Name of Mother, Charlotte Klein

6. Mother's Maiden Name, Michael

7. Mother's Birthplace, Germany

8. Full Name of Father, Wm Klein

9. Father's Occupation Cabinet Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm Lange

Address, 711 N. Broad

Remarks,

1896 0004422

Wm. J. C. Dulany Co., City Printers and Stationers.

A full oath without the attendance of the parent, shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report the same to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 27th

4. Place of Birth, (Street and Number) 807 W. West st

5. Full Name of Mother, Jennie Zimmerman

6. Mother's Maiden Name, Jennie Shannon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Zimmerman

9. Father's Occupation Molder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 719 Cross st.

Remarks,

8960 04423

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1336]

RETURN OF A BIRTH.

GIVEN NAME ADDED 1-12-62 77757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

Name: Artridge Scott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3)rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28 day of October 1894
4. *Place of Birth, (Street and Number)*	1184 Pantcoke St.
5. *Full Name of Mother,*	Artrige. Scott.
6. *Mother's Maiden Name,*	Artrige. Bell.
7. *Mother's Birthplace,*	Baltimore. Md.
8. *Full Name of Father,*	James F. Scott.
9. *Father's Occupation*	Harness. Maker.
10. *Father's Birthplace,*	Baltimore. Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	714 E Biddle St
Remarks,	+ 8 4 6 0 0 0 4 4 2 4

register of such births, and shall perform such other duties as may be required by the Commissioner of Health. This schedule shall contain a list of the full names and residences of the parents of each child born within said district, the full name and occupation of its parents, the date and place of birth, and such other particulars as the same can be ascertained; the full name and residence of the physician, midwife or other person in attendance at the birth, and the date when the certificate was delivered to the parents. The full name and occupation of the parents of illegitimate children shall not be recorded in said schedule unless the mother shall request it in writing. The said schedule shall be delivered to the Commissioner of Health on the first day of each and every month, and shall be open to the inspection of the public at all reasonable hours. Every physician, midwife or other person in attendance at the birth of any child born in the City of Baltimore after the passage of this ordinance shall, within ten days after the birth of such child, report in writing to the Commissioner of Health the full name of the mother, the date and place of birth of such child, and such other particulars as may be required by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers

RETURN OF A BIRTH. 77759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* 29 Oct 1896
4. *Place of Birth, (Street and Number)* 1822 Wilhelm St
5. *Full Name of Mother,* Jennie Smith
6. *Mother's Maiden Name.* " " Kanning
7. *Mother's Birthplace,* Balto
8. *Full Name of Father.* Louis Smith
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace.* Balto

Name of Medical Attendant, or other person who makes this Return. Wm Bargo

Address. 711 W. Lex St

Remarks.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89600004425

Wm. J. C. Dulany Co., City Printers and Stationers.

FEINOUR

RETURN OF A BIRTH. 7759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Lucretia Feinour

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleventh
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Oct 29th 1015 P.M. 1896
4.	*Place of Birth, (Street and Number)*	2015 Wilhelm St
5.	*Full Name of Mother,*	Kate Feinour
6.	*Mother's Maiden Name,*	Kate Schultz
7.	*Mother's Birthplace,*	Baltimore City
8.	*Full Name of Father,*	Charles Feinour
9.	*Father's Occupation,*	Huckster
10.	*Father's Birthplace,*	Baltimore City
	Name of Medical Attendant, or other person who makes this Return,	A. L. Blasting M.D.
	Address,	1624 Harlem Ave.
	Remarks,	

8960004426

SEC. 3. And be it further enacted, That the Commissioner of Health shall cause to be printed a sufficient number of blank forms of certificates of births, which shall contain a list of the births which have occurred under his jurisdiction during the month, and shall set forth as far as can be ascertained the full name of each child, if named, the date and place of birth, the name, sex, color, the full name of the parents, their residence, and the name and residence of the attending physician or midwife, and shall on or before the third day of each month be delivered, duly signed by the practitioner in charge, to the parents of each child born, or to the householder of the house in which each birth occurs, or to the midwife in attendance upon the mother, immediately after the birth of each child, a blank certificate of birth, which shall bear without the attendance of a midwife or practitioner of midwifery, or should no other person in attendance upon the mother, immediately after the birth of each child, a blank certificate of birth, which shall bear without the attendance of a midwife or practitioner of midwifery, or should no other person in charge of such child report its birth to the Commissioner of Health, in the manner and within the time of the person or parents of such child, as herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. BULLY CO CITY PRINTERS AND STATIONERS.

OVER NAME ADDED 3-7-56

RETURN OF A BIRTH. 77760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Pauline Thelma Ford 5 d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 30th 1896
4. Place of Birth, (Street and Number) 521 E. 23d St.
5. Full Name of Mother, Pauline E. Ford
6. Mother's Maiden Name, " " Umiack
7. Mother's Birthplace, Balto city.
8. Full Name of Father, Ignatius P. Ford
9. Father's Occupation Clerk
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. Harvey Hall M.D.

Address, 807 N. Arlington Ave.

Remarks, 5960 Filed 1897

Wm. J. C. Dulan and Stationers

...summons under whose charge or superintendence a birth shall happen (whether it take place in the city or in the country) to make a true and correct register of such birth, and shall enter the same in a book to be kept for that purpose, which shall be the property of the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been named,) the sex, color, and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife; and every such person shall, on or before the third day of each and every month, deliver, duly signed, to the office of the Commissioner of Health, a certified copy of said schedule, (which copy may be made by the use of carbon paper,) in the form prescribed by the Board; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child, residing where the birth occurs, to make the return and within the time specified. And if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-28-58

RETURN OF A BIRTH. 77761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret ——— Hoffman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 4th 1896
4. Place of Birth, (Street and Number) 1805 Boundary Ave
5. Full Name of Mother, Helen Hoffman
6. Mother's Maiden Name, Gilpatrick
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Gregory Hoffman
9. Father's Occupation Cork Maker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline E Miller

Address, 216 Walker St

Remarks,

1896004428

Wm. C. Dulany Co., City Printers and Stationers.

Every midwife, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at the birth of the child, the parent or parents of such child shall report the same within ten days after the birth to the Commissioner of Health, in the manner and form required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 77762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Oct. 25, 1896.
4. Place of Birth, (Street and Number) 1122 N. Mount St.
5. Full Name of Mother, Mattie Hall
6. Mother's Maiden Name,
7. Mother's Birthplace Virginia
8. Full Name of Father, Illegitimate
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H. H. Steusloff M.D.

Address, 1122 N Mount St

Remarks. Md. Hospital, N. and St.

1896 0004429

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained all the facts required by the said schedule to have been entered. In case no birth shall occur during any month, the said midwife or physician shall report the fact to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child, within ten days after the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Form 1236.]

RETURN OF A BIRTH. 77763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child born, the sex, color, parentage, and residence of each parent, and the number of each place of birth. And the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or there is no other person legally required to report the same, the father, mother, householder or owner of the premises on which such birth occurs, shall within the period above required, and in the manner and with the forms above prescribed, report the same to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 24/96
4. Place of Birth, (Street and Number) 2223. Griffins Court
5. Full Name of Mother, Maggie Jaeger
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 241. S. Washington Pl.

Remarks, Single.

8960004430

Wm. J. C. Dulany Co., City Printers and Stationers.

1336

RETURN OF A BIRTH. 77764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 5th '96
4. Place of Birth, (Street and Number) Maternity 115 W. Lombard St.
5. Full Name of Mother, Laura Brown
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. C. Austin M.D.

Address, 115 W. Lombard St.

Remarks.

8960004431

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, etc., shall set forth in full the name of each child, if any shall have been born alive, the full name of each child (if any shall have been born alive), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or shall deliver such information in writing to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336

RETURN OF A BIRTH. 77765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 8th 96

4. Place of Birth, (Street and Number) Maternity 115 W. Lombard St.

5. Full Name of Mother, Annie McGregor

6. Mother's Maiden Name, "

7. Mother's Birthplace, Maryland

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return, J. C. Austin M.D.

Address, 115 W. Lombard St

Remarks,

8960004432

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The record of each birth which may occur in any of the cities within this State shall be made in the manner required by law or by the rules and regulations of the State Board of Health, and shall set forth as far as practicable the following particulars, viz.: The full name of each child (if any shall have been given at the time of making such record), the full name of each parent, the maiden name of the mother, the birthplace of each parent, the color or race of each parent, the occupation of the father, the date and place of birth, and the sex of the child. A certificate of such birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and a like certificate shall be delivered, duly signed by the person or persons in attendance at the birth, or by the parent or parents of such child, if no practitioner was in attendance, within the same period of time after the occurrence of such birth as above required. Any practitioner who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1230]

RETURN OF A BIRTH. 77766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color. (if not of the white race) White

3. Date of Birth, Oct. 12 " 96

4. Place of Birth, (Street and Number) Maternity 115 W. Lombard St

5. Full Name of Mother, Hattie Hoon

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Maryland

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. C. Austin M.D.

Address, 115 W. Lombard St.

Remarks,

8960004433

Wm. J. C. Dulany Co., City Printers and Stationers.

Births, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been given) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name, color and residence of the attending physician or midwife, if there was one present, or of any other person present at the birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter prescribed, to the Commissioner of Health, at his office within ten days next after the birth of any child. Every midwife or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of her child, then the person who shall be present at the birth of such child shall immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned, and any such person or persons who shall neglect or refuse to make such report as aforesaid, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

am 1236.]

RETURN OF A BIRTH. 77767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedules, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, the sex, color, the date and place of birth, and the full name, residence and occupation of its parents, the date and place of birth, and the length of time they have resided in the city. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the office of the Commissioner of Health, in the manner and within the period above required, and such schedules shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5th

1. *Sex, (state whether male or female)* Twin, both female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Oct. 15th 1896
4. *Place of Birth, (Street and Number)* 140 Chestnut St.
5. *Full Name of Mother,* Sarah O'Neil
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Frank H. Cooper M.D.

Address, 115 W. Lombard St.

Remarks,

+ 8960004434

Wm. J. C. Dulany Co., City Printers and Stationers.

m 1236.]

RETURN OF A BIRTH. 77768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any), the sex, color, and whether the child was born alive or dead, the name, residence, and occupation of its parents, the date and place of birth, and whether the child was the first and only child born at one birth, or one of twins, triplets, &c., and the number of the child in the order of birth. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person in the house where the child was born, or of the parent or guardian of the child, to report the birth to the Commissioner of Health, in the manner and within the time required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 29th 1896
4. Place of Birth, (Street and Number) 223 S. Paca St.
5. Full Name of Mother, Lorna Sipes
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Frank H. Cooper M.D.

Address, 115 W. Lombard St

Remarks,

8960004435

Wm. J. C. Dulany Co., City Printers and Stationers.

[FORM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* German
3. *Date of Birth,* Oct. 24th 1896
4. *Place of Birth, (Street and Number)* 259 Rogers Ave
5. *Full Name of Mother,* Ida Fierman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Frank H. Cooper Esq

Address, 115 W. Lombard St.

Remarks,

8960004436

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1236.]

RETURN OF A BIRTH. 77770 (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Mamie Edith ~~Smith~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3rd) 4th

1. Sex, (state whether male or female) (Male) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Oct. 25th 1896
4. Place of Birth, (Street and Number) 322 Lows St
5. Full Name of Mother, Cora Smith
6. Mother's Maiden Name, Cora L. Burgess
7. Mother's Birthplace, ———
8. Full Name of Father, Hiram T. Smith
9. Father's Occupation ———
10. Father's Birthplace, ———

Name of Medical Attendant, or other person who makes this Return, Frank A. Cope M.D.

Address, 115 W. Lombard St

Remarks, ———

8960004437

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 77771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, to the person who shall be appointed to collect the same, or shall be left at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and upon neglect or refusal to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black,
3. *Date of Birth,*	Oct. 21st 96
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Lombard St
5. *Full Name of Mother,*	Milkey Cooper
6. *Mother's Maiden Name,*	Unknown
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	J. C. Austry M.D.
Address,	115 W. Lombard St.
Remarks,	

5960004438

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 77772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Oct. 20th 96
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Lombard St.
5. *Full Name of Mother,*	Mary Mosely
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M.D.
Address,	115 W. Lombard St.
Remarks,	

18960004439

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted in the return) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said Registrar shall enter in the record of births the particulars of each certificate between the first and third day of each and every month, to the office of the Commissioner of Health. Every midwife or physician who shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the particulars required to be recorded in this section, within five days after the birth, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH. 77773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Oct. 27th 1896
4. Place of Birth, (Street and Number) 914 W. Saratoga St.
5. Full Name of Mother, Emma L. Davis
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Frank L. Cooper M.D.

Address, 115 W. Lombard St.

Remarks,

| 5 7 6 0 0 0 4 4 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the Births which have occurred under his or her supervision during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of every month to the Commissioner of Health, to be issued to the parents of any child born without attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person neglecting so to do shall forfeit for each offence a sum not exceeding five dollars, and shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 77774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black,
3. *Date of Birth,*	Oct. 11th 96
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Lombard St
5. *Full Name of Mother,*	Eliza Wilson
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M. D.
Address,	115 W. Lombard St.
Remarks,	

8960004441

Wm. J. C. Dulany Co., City Printers and Stationers.

monthly, and shall set forth, as far as the same can be ascertained, the full name of each child, if any, with the surname it is to bear, the date and locality of birth, the sex and color of each child, and the name and address of the physician, midwife or other person in attendance at the birth of each child; and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother herself shall make return of the particulars required, and in case of her inability to do so, the Commissioner of Health, in the manner and within the period above required, shall cause the same to be recovered, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1330

RETURN OF A BIRTH. 77775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Oct. 20th '96
4. *Place of Birth, (Street and Number)*	Malsmuts 115 W. Lombard St.
5. *Full Name of Mother,*	Bertha Brown
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M.D.
Address.	115 W. Lombard St.
Remarks,	

1 8960004442

Wm. J. C. Dulany Co., City Printers and Stationers.

...stands, the data set forth as to the same can be ascertained the full name of each child, (if any shall have been conferred,) sex, color, date and place of birth, and the full name, residence and occupation of its parents, the date and place of their marriage, and the full name, residence and occupation of the person who attended at the birth of any child. A certificate shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter set forth, to the parent or parents of such child, or to the person with whom the mother shall be living, within ten days after the birth of such child. A return of each and every month to the office of the Commissioner of Health, or should no other person be in attendance, a return by the midwife, or should no other person be in attendance, a return by the mother, shall be made within the period above required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 77776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 1 - 96
4. Place of Birth, (Street and Number) 209 N Collington Ave
5. Full Name of Mother, Martha C. Morrison
6. Mother's Maiden Name, " " Slaughter
7. Mother's Birthplace, Balto
8. Full Name of Father, S. Henry Morrison
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary A. Allwell

Address, 1438 N Bond

Remarks,

8 9 6 0 0 0 4 4 4 3

Regulations.—The Return of a Birth must be made within ten days after the birth occurs, under penalty of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

It is the duty of the Physician, Midwife or other person in attendance upon the mother, immediately after the birth of any child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person who shall fail to report as aforesaid, or who shall violate any provision of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Guy Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 77777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the date and name of each child, the sex, color, and parentage thereof. Each schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be charged by law with the duty of reporting the same, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 October 1896
4. *Place of Birth, (Street and Number)* 2122 Linden av
5. *Full Name of Mother,* Mary Backman
6. *Mother's Maiden Name,* Mary Berkemer
7. *Mother's Birthplace,* Baltimor MD
8. *Full Name of Father,* Adam Backman
9. *Father's Occupation* Stevedor
10. *Father's Birthplace,* Baltimor MD

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 304 S Washington St

Remarks.

1 8960004444

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 77778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

name of child: John ~~Henry~~ Fischer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 7, 96.
4. Place of Birth, (Street and Number) 1612 Mulliman St
5. Full Name of Mother, Elizabeth (Fichtner) Fischer
6. Mother's Maiden Name, " Faust
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, George (Frederick) Fischer
9. Father's Occupation Cabt Maker
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Caroline Fuller

Address, 1605 Walbert St

Remarks,

1896000044 45

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name, residence and occupation of the person who officiated as physician or midwife at such birth. And there shall be such return made to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to make such return as is herein required, within the same time and to the same officer, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Wh.
3. Date of Birth, Oct. 1 96
4. Place of Birth, (Street and Number) 1910 Rayson St.
5. Full Name of Mother, Mrs John T. McCarthy
6. Mother's Maiden Name, Frances McGee
7. Mother's Birthplace, Howard Co. Md.
8. Full Name of Father, John T. McCarthy
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2831 Linus Ave.

Remarks,

1896000444 6

Wm. J. C. Dulany Co., City Printers and Stationers.

(Note.—Every physician or midwife who shall be in attendance upon the birth of any child which shall occur within the limits of Baltimore City, shall cause the birth of such child to be registered within ten days after the occurrence thereof, and for every neglect to comply with the requirements of this section, he or she shall forfeit and pay such sum, not exceeding ten dollars, as the Commissioner of Health may direct; and any such person who shall refuse or neglect to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1286.]

RETURN OF A BIRTH. 77780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 4 96
4. Place of Birth, (Street and Number) 2215 E. Balto. St.
5. Full Name of Mother, Louise Schamberger
6. Mother's Maiden Name, " Crane
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph Schamberger
9. Father's Occupation Builder
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Schamberger

Address, 241 S. Washington St.

Remarks,

8960004447

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the attendance upon the mother immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioners of Health, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 27781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	female Lily Romm
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	October 1st 1896
4. *Place of Birth, (Street and Number)*	Baltimore St. N. 910
5. *Full Name of Mother,*	Rebecca Romm
6. *Mother's Maiden Name,*	Rebecca Abramson
7. *Mother's Birthplace*	Russia
8. *Full Name of Father,*	Max Romm
9. *Father's Occupation*	Storekeeper
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Sarah Tropp
Address,	9 N. Eutaw St Baltimore Md.
Remarks,	

8960004448

months, and shall set forth as far as the same can be ascertained, the (all) name of such child, (if any child have been before born of the same mother, the number of such child, whether first, second, third, &c.,) the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required by this section to make the return, it shall then be the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* October 2nd. 1896
4. *Place of Birth, (Street and Number)* 410 Hoffman Street, West
5. *Full Name of Mother,* Mattie Brandt ~~Dickens~~ Robinson
6. *Mother's Maiden Name,* Mattie Brandt Robinson
7. *Mother's Birthplace,* St Mary's County, Md.
8. *Full Name of Father,* Samuel Watts
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* St Mary's County, Md.

Name of Medical Attendant, or other person who makes this Return, M. Magdalene Warner, M.D.

Address, 410 Hoffman Street, West.

Remarks,

1896000004449

[illegible] Health. [illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 October 1896
4. Place of Birth, (Street and Number) 226 Chester St
5. Full Name of Mother, Line Jacobson
6. Mother's Maiden Name, Line Nelson
7. Mother's Birthplace, Norway Europ
8. Full Name of Father, Olof Jacobson
9. Father's Occupation, Mariner
10. Father's Birthplace, Norway Europ

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S. Washington St

Remarks,

1896000044 50

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This form is to be filled out by the person who shall have charge of the case during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date of birth, and the number of said infant; and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter to report the birth of such child to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of forty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Invalid
3. *Date of Birth,* 2 of Oct
4. *Place of Birth, (Street and Number)* 839 Lexington Alley
5. *Full Name of Mother,* Kate Mitchell
6. *Mother's Maiden Name,* Kate Risner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Mitchell
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 Canton St.

Remarks.

1896000445 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner, in the form of a certificate, to the parent of any child third day of each and every month of the year. The Commissioner of Health is empowered to require of any midwife, or physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required. And any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 17 / 7 7 5 A. M.
4. *Place of Birth, (Street and Number)* Fair Road.
5. *Full Name of Mother,* Mary Elizabeth Smallwood.
6. *Mother's Maiden Name,* Fabrow
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* ~~Joseph~~ Albert Smallwood
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Frau M. Kaune / Mar

Address. Mar Mothers Relief Society / 1446 Fulton Ave

Remarks,

1 8 9 6 0 0 0 4 4 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, date and hour of birth, and the full name and occupation of its parents, the date and hour of the filing of said schedule shall be delivered, duly filled out by the Physician in the form of a certificate between the first and the third day of each and every month to the office of the Registrar of Health. In case the birth of any said child occur without the attendance of a physician or practioner, the duty of delivering said schedule as aforesaid shall devolve upon the nurse in attendance, or the mother of such child, or if there be no nurse in attendance, upon the father of such child, or the householder thereafter it shall become the duty of such person to report its birth to the Commissioner of Health. In the manner and within the period above prescribed. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Child
2. Race or Color, (if not of the white race)
3. Date of Birth, girl 1908 Thomas ad.
4. Place of Birth, (Street and Number) 3 Estaber
5. Full Name of Mother, Hanie Johnson
6. Mother's Maiden Name, Heckoe
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Johnson
9. Father's Occupation
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Central Avenue

Remarks,

18960004453

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 3/99
4. Place of Birth, (Street and Number) 1265 Hughes St
5. Full Name of Mother, Mary Silberman
6. Mother's Maiden Name, " Despina "
7. Mother's Birthplace, Russia
8. Full Name of Father, Alex Silberman
9. Father's Occupation Cigarmaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Jetta Klawansky

Address, 1063 E Fairmount Ave

Remarks,

89600044454

been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the officer or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of forty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 3/96
4. *Place of Birth, (Street and Number)* 1937 Ridgwood Av.
5. *Full Name of Mother,* Mrs Percy Y. Darnell
6. *Mother's Maiden Name,* Mary Simonds
7. *Mother's Birthplace,* Washington D.C
8. *Full Name of Father,* Percy Y. Darnell
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Prince George Co. Md.

Name of Medical Attendant, or other person who makes this Return, E A Smith M.D.

Address, 2531 Penna. Av.

Remarks,

1 8 9 6 0 0 0 4 4 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth; and the third day of each and every month, the Commissioner of Health shall cause the first and third days of each and every month to be published in one of the daily papers of Baltimore City, in case there shall have been no birth or births reported as having occurred during the preceding week, and shall also cause a notice to be published in one of the daily papers of Baltimore City, in case any birth or births shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the requisitions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	5
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	3rd Oct
4. *Place of Birth*, (*Street and Number*)	255 E Hamburg St
5. *Full Name of Mother*,	Mary Dixon
6. *Mother's Maiden Name*,	Schanger
7. *Mother's Birthplace*,	Balt Md
8. *Full Name of Father*,	Robert Dixon
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*,	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Leo E. Yowell
Address,	650 E. Fort Ave
Remarks,	

8960004456

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM KODAK

RETURN OF A BIRTH. 77790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 4th 1896.
4. *Place of Birth, (Street and Number)*	1628 W. Baltimore St
5. *Full Name of Mother,*	Thressie Glanzer
6. *Mother's Maiden Name,*	Thressie Salzig.
7. *Mother's Birthplace,*	Richmond Va.
8. *Full Name of Father,*	John Glanzer.
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	G. W. Slater M.D.
Address.	Fayette St.
Remarks,	

1 8 9 6 0 0 1 0 4 3 4 5 7

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of the father, and the full name, maiden name, birthplace and residence of the mother, on a certificate between the first and third days of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and said schedule shall be delivered, shall file the same and it shall be the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 77791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 7/96
4. Place of Birth, (Street and Number) 11. N. Washington St.
5. Full Name of Mother, Selma Mathäus
6. Mother's Maiden Name, " Buehle
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul Mathäus
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. Diemenhofer

Address, 241 N. Washington St

Remarks,

8960004458

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. The said certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as to each such birth the full name of each child (if born alive), if still born, shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the last ten days of a month, the said schedule may be delivered on the first day of the next month. Any practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336

RETURN OF A BIRTH. 77792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female). Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 4, 1896.
4. Place of Birth, (Street and Number) 148 Chestnut ave.
5. Full Name of Mother, Mary Conner.
6. Mother's Maiden Name, Mc Doll.
7. Mother's Birthplace, Md.
8. Full Name of Father, Allen Joseph Conner.
9. Father's Occupation, Oilcloather.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1896 0004459

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The Secretary shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been registered, the sex, color, and number of its parents, the date and place of birth; and the said list shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336.]

RETURN OF A BIRTH. 77793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 4 96
4. Place of Birth, (Street and Number) 152 Milton Ave.
5. Full Name of Mother, Maggie Schmidt
6. Mother's Maiden Name, Haasbert
7. Mother's Birthplace, Balto.
8. Full Name of Father, Adolph Schmidt
9. Father's Occupation Cooper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Dengenhofer

Address, 241 S. Washington St.

Remarks,

B 96 0 0 0 4 4 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 4. / 2. 50. A. M. /.
4. *Place of Birth, (Street and Number)* 2125 Madison Ave.
5. *Full Name of Mother,* Maggie Rhorhardt.
6. *Mother's Maiden Name,* Leonhardt.
7. *Mother's Birthplace,* Alexandria - Va.
8. *Full Name of Father,* Wilhelm Albert Rhorhardt.
9. *Father's Occupation* Contractor.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Jr. M. Kane,

Address, 1412 Eutaw Place.

Remarks, (632. N. Fremont before).

8960004461

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born dead, such fact shall be stated) the name, age, occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person or one of the persons required to report the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance within ten days after the birth, the mother shall become the duty of the person or parents of such child to report its birth to the Commissioner thereof, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th of October 96
4. *Place of Birth, (Street and Number)*	1830 W Lombard St
5. *Full Name of Mother,*	Martha Wells
6. *Mother's Maiden Name,*	Martha Hengler
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John L. Wells
9. *Father's Occupation*	Feuermann
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W Pratt St.
Remarks,	

8960004462

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Oct 5th 1896
4. Place of Birth, (Street and Number)	908 2nd Ave
5. Full Name of Mother,	Marion L Baddeus
6. Mother's Maiden Name.	" " Bowen
7. Mother's Birthplace,	Howard Co. Md.
8. Full Name of Father.	Andrew J Baddeus
9. Father's Occupation	R.R. employee
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Wm. F. Feldmeier M.D.
Address.	107 Chestnut Ave
Remarks.	

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Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

[illegible] month, and shall set forth as far as the same can be ascertained, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 5/96
4. *Place of Birth, (Street and Number)* 2001 E. Lombard St.
5. *Full Name of Mother,* Amalie Link
6. *Mother's Maiden Name,* " Balzer
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Link
9. *Father's Occupation* Cigarm.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington St.

Remarks,

8960004464

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	October 5th, 1896.
4. *Place of Birth, (Street and Number)*	1120 Greenmount Ave.
5. *Full Name of Mother,*	Eliza J. Burger.
6. *Mother's Maiden Name,*	Eliza J. Woodward
7. *Mother's Birthplace,*	England.
8. *Full Name of Father,*	Fred. G. Burger.
9. *Father's Occupation*	Grocer.
10. *Father's Birthplace,*	Balto. Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton, M.D.
Address,	S. W. Cor. Calvert & Preston Sts.
Remarks,	Full name of child - Ethel Mildred Burger.

1 8 9 6 0 0 0 4 4 6 5

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, that have been born alive of such mother, and the sex, color, the full name and occupation of the parents, the date and the place of birth of each, and every such child, and whether living or dead, and if dead, the time and cause of death; and shall certify that the facts set forth in such return are true and correct to the best of his knowledge and belief. Such return shall be made in writing, and delivered or mailed to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

GIVEN NAME ADDED 8/28/07

RETURN OF A BIRTH. 77799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Theresa C. Ruppel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 5/96
4. Place of Birth, (Street and Number) 405 N. Chapel St.
5. Full Name of Mother, Kunigunde Ruppel
6. Mother's Maiden Name, " Schmidt
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank Ruppel
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Heinekofer

Address, 241 S. Washington St.

Remarks, Filed 1896

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Wm. J. C. Dulany Co., City Printers and Stationers.

months, and shall set forth as far as the same can be ascertained the full name of such child, if any shall have been given, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case a birth occurs when no physician is in attendance, the parent or parents of such child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 5th Oct 96
4. Place of Birth, (Street and Number) 1502 Bayda St
5. Full Name of Mother, Kate L Lucas
6. Mother's Maiden Name, " Bonner
7. Mother's Birthplace, St Louis Co
8. Full Name of Father, Charles H Lucas
9. Father's Occupation Painter
10. Father's Birthplace, St Michaels Md

Name of Medical Attendant, or other person who makes this Return, Chas E. Gravell

Address, 650 E. Fort Ave

Remarks,

8960004467

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall wilfully refuse or neglect to make the return required by this section, or who shall make a false return, shall forfeit and pay for each offence the sum of Ten (10) Dollars, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subject to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race)
3. Date of Birth, 5 Oct.
4. Place of Birth, (Street and Number) 1224 Harvest
5. Full Name of Mother, Lina Pinetzki
6. Mother's Maiden Name, Prokski
7. Mother's Birthplace, Germany.
8. Full Name of Father, Mark Jingelski
9. Father's Occupation Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs P Zimmann.

Address, 2222 Elliott St.

Remarks,

5960004468

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge, or certificate given, at the first and third day of each and every attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within ten days thereafter to furnish him with the particulars required by this section. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

GIVEN NAME ADDED 1-30-67

RETURN OF A BIRTH. 77802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: AGNES CATHERINE BAXTER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 6/96
4. *Place of Birth, (Street and Number)* 1819 E. Balto. St.
5. *Full Name of Mother,* Katie E. Baxter
6. *Mother's Maiden Name,* " " Aubel
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Samuel R. Baxter
9. *Father's Occupation* Stevendore
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Chas. Deisenhofer

Address, 141 S. Washington St.

Remarks,

8960004469

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted in a former return) the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered at the office of the Commissioner of Health, certified upon the oath of the person making the same, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 77803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 6th, 1896
4. Place of Birth, (Street and Number) Shields Alley
5. Full Name of Mother, Ella Watkins
6. Mother's Maiden Name, Ella Watkins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Monroe
9. Father's Occupation, Coal dealer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, M. Magdalene Warner, M.D.

Address, 410 Hoffman Street, West

Remarks,

8460004470

Every physician or midwife in attendance upon a case of birth shall write the full name of each child, if any, shall have been conferred) its sex, color, the full name of the parents, the date and place of birth of such child, and shall deliver said schedule within twenty-four hours after the birth to the person, if any, who shall be authorized by the parents to procure the certificate of birth, and in case there is no such person, he shall deliver said schedule within twenty-four hours after the birth to the office of the Commissioner of Health. In the manner and with the information required by this section. Every person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 77804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 2 '96
4. Place of Birth, (Street and Number) 625 S. Elizabeth St
5. Full Name of Mother, Lizzie Scott
6. Mother's Maiden Name, " Cox
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Francis Eliza Scott
9. Father's Occupation Shipchester
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline E. Tupper

Address. 1606 Hanover St

Remarks.

1 8 9 6 0 0 0 4 4 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner of midwifery, or other person who shall hereafter be in attendance upon any birth, shall, within five days thereafter, make a return thereof to the office of the Commissioner of Health, in the manner and within the period above required, and such return shall contain the name, color, date and place of birth, and the occupation of the parents, if known, and the number of the child of the mother, if not the first born, and the name and residence of the physician, midwife or other person in attendance; and if no physician or midwife shall be in attendance at the birth, then the parent or parents, or person with whom the child resides, shall report the birth to the Commissioner of Health, in the manner and within the time above required, and such report shall contain the name, color, date and place of birth, and the name of the child, if it has been christened, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered or mailed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report such birth as above required, it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and such report shall contain the name, color, date and place of birth, and the name of the child, if it has been christened, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered or mailed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report such birth as above required, it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and such report shall contain the name, color, date and place of birth, and the name of the child, if it has been christened, its sex, color, the full name and occupation of its parents, the date and place of birth, and the Every midwife, physician or practitioner of midwifery, or other person who shall hereafter be in attendance upon any birth, shall, within five days thereafter, make a return thereof to the office of the Commissioner of Health, in the manner and within the period above required, and such return shall contain the name, color, date and place of birth, and the occupation of the parents, if known, and the number of the child of the mother, if not the first born, and the name and residence of the physician, midwife or other person in attendance; and if no physician or midwife shall be in attendance at the birth, then the parent or parents, or person with whom the child resides, shall report the birth to the Commissioner of Health, in the manner and within the time above required, and such report shall contain the name, color, date and place of birth, and the name of the child, if it has been christened, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered or mailed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report such birth as above required, it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and such report shall contain the name, color, date and place of birth, and the name of the child, if it has been christened, its sex, color, the full name and occupation of its parents, the date and place of birth, and the Subject to the Fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 77805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child & Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 6th 1896
4. Place of Birth, (Street and Number) East St No 11-10
5. Full Name of Mother, Anna E. Hannan
6. Mother's Maiden Name, Anna Unknown
7. Mother's Birthplace, Brooklyn New York
8. Full Name of Father, Hugh Hannan
9. Father's Occupation Confectioner
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 14-21 Watkins Ave

Remarks,

1846090447 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, born conferred its sex, color, the full name and occupation of its Parents, the date of their marriage, and the place of birth of each parent, the number of children born of this marriage, the number of children living, the number born dead, the date of birth of the last child born alive, the interval between the first and said schedule shall be delivered, duly signed by the physician or midwife, to the Commissioner of Health. In case the birth of any child shall occur when the mother, immediately thereafter, it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 77806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 6th 96
4. Place of Birth, (Street and Number) 403 N. Bradford St.
5. Full Name of Mother, Annie Vogel
6. Mother's Maiden Name, Deeper
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Vogel
9. Father's Occupation Tailor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dr. Weisenhofer

Address, 571 S. Washington St.

Remarks.

8960004473

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 7780?

GIVEN NAME ADDED 9-21-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Annie Maria Robinson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 7- 96

4. Place of Birth, (Street and Number) 1901 Sherwood Ave

5. Full Name of Mother, Annie C. Robinson

6. Mother's Maiden Name, " " Tomahn

7. Mother's Birthplace, Germany

8. Full Name of Father, David J. Robinson

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary A. Allen

Address, 1438 N. Bond St

Remarks,

C 96 U 004474

Murphy & Co., City [illegible] tioners.

Every person who shall refuse or neglect, duly, to report by the practitioner in the form of a certificate between the first and third day of each week, all births attended by him during the preceding week, and in case no birth shall have occurred during any week, shall report the fact to the Commissioner of Health, and every person who shall refuse or neglect to report the birth of any child born of which he has charge, or shall refuse or neglect to report the fact that no birth has occurred during any week, shall be liable to a penalty of ten dollars for each offense. In case the parents, the father and mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

1286.]

RETURN OF A BIRTH. 77808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Norma W. Tolson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October the 7th 1896
4. *Place of Birth, (Street and Number)*	Lombard st. No 1915
5. *Full Name of Mother,*	Mary A M Tolson
6. *Mother's Maiden Name,*	Mary A M norman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph W Tolson
9. *Father's Occupation*	Brass finisher
10. *Father's Birthplace,*	Kent Co Md
Name of Medical Attendant, or other person who makes this Return,	Mrs D Kelley
Address,	No 1922 W Atkins ave
Remarks,	

8960 04475

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race)
3. Date of Birth, 7. Oct.
4. Place of Birth, (Street and Number) 1846 Boston st.
5. Full Name of Mother, Barbe Richwalski
6. Mother's Maiden Name, Petschyck.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Handel Richwalski
9. Father's Occupation Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs P. Lieberman.

Address, 2922 Elliott st

Remarks,

18960004476

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall refuse or neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 8 — 1896
4. Place of Birth, (Street and Number) 1618 E Pratt St.
5. Full Name of Mother, Anna Andrathy
6. Mother's Maiden Name, Griffith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Gustav F. Andrathy
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1527 E. Pratt St

Remarks,

8960004477

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Physician, or any other person who shall hereafter attend upon any birth, shall make a return thereof, stating the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and the number living, and the street and number of the house where such birth occurs, and shall deliver the same, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or within the same period shall cause the same to be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon such birth, then the midwife, or any other person who shall be present at the birth shall make such return; and it shall be the duty of the person or parents of such child, if living in the house where such birth occurs, to notify the Commissioner of Health of such birth within ten days thereafter. If any physician or midwife, or any other person who shall hereafter attend upon any birth, shall neglect or refuse to make such return as aforesaid, or any person or parents who shall hereafter fail to comply with the provisions of this section, shall, for each offence, be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 8 - 1896
4. Place of Birth, (Street and Number) 213 S. Exeter St.
5. Full Name of Mother, Emile Brapt
6. Mother's Maiden Name, Fridrich
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ernest H. Brust
9. Father's Occupation, Saar-Tender
10. Father's Birthplace, West India

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address 1427 E. Baltimore St.

Remarks,

8960004478

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color; the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child third day of each and every month, a like return shall be made by the person or persons in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall neglect or refuse to make such return, he shall be deemed guilty of a misdemeanor, and on conviction thereof, in the Criminal Court of Baltimore, shall be punished by a fine not exceeding one hundred dollars, or by imprisonment in the jail of Baltimore City not exceeding one year, or both, in the discretion of the Court. And any midwife, or other person not in attendance upon the mother, who shall attend the birth of any child within the City of Baltimore, shall, within the first and third days of each and every month, make a return in the form of a certificate between the first and shall not within the time aforesaid, deliver such certificate to the Commissioner of Health, or who shall neglect or refuse to report its birth to the Commissioner as hereinbefore required, shall be subject to the same penalties as are imposed upon midwives, or other persons in attendance upon the mother, who shall neglect or refuse to make the return required by this section. And any such person or midwife hereafter failing to comply with the provisions of this section shall be subjected to the like penalties for each offence, to be recovered as other dues and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 77812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 8/96
4. Place of Birth, (Street and Number) 110. N. Chapple St.
5. Full Name of Mother, Annie Banek
6. Mother's Maiden Name, Bachner
7. Mother's Birthplace, Germany
8. Full Name of Father, John Banek
9. Father's Occupation, Stevedore
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. Diefenbacher

Address, 241 S. Washington St.

Remarks,

8960004479

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, at the office of the Commissioner of Health, in the city of Baltimore; and every midwife who shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct. 8th, 1896
4. *Place of Birth, (Street and Number)* 316 N. Carey St.
5. *Full Name of Mother,* Florence Nutter
6. *Mother's Maiden Name,* Bergman
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Herman Nutter
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, C. M. Cook

Address, 1052 Myrtle ave

Remarks,

1896000004480

[illegible] the name can be ascertained, the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 77814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 8 1896
4. *Place of Birth, (Street and Number)* 420 S. Ann St.
5. *Full Name of Mother,* Maggie Wilkinson
6. *Mother's Maiden Name,* Heine
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Alexander Wilkinson
9. *Father's Occupation* Saloonkeeper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Miss. Deisenhofer

Address, 241 S. Washington St

Remarks,

8460 04481

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Oct 8 (11 30 A M
4. Place of Birth, (Street and Number) 103 Little Hill Street
5. Full Name of Mother, Alice Hadie Boston
6. Mother's Maiden Name, Burnett
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, George
9. Father's Occupation Shoemaker
10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaunt (for the

Address, Hospital Relief Society) 1412 Eutaw Place.

Remarks,

8960004482

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77816 (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Leonard ~~Gerald~~ Woehlke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 & 2

1. Sex, (state whether male or female) M & F

2. Race or Color, (if not of the white race) W

3. Date of Birth, 1 & 3 Nov 1896

4. Place of Birth, (Street and Number) 438 Eden St

5. Full Name of Mother, Louisa Woehlke

6. Mother's Maiden Name, Louisa Fischer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Conrad Woehlke

9. Father's Occupation, Insurance Collector

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, [illegible] Lauer

Address, 1059 Harford Ave

Remarks, Bal. Md.

1896

8960004483

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every calendar month, to the Commissioner of Health, for use as hereinafter directed. It shall also be the duty of each and every attendant of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 9th.
4. Place of Birth, (Street and Number) 307 S. Broadway
5. Full Name of Mother, Mary E. Bing
6. Mother's Maiden Name, " " Spigg
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John A. Enzer
9. Father's Occupation, Tailor
10. Father's Birthplace, Pennsylvania Pa

Name of Medical Attendant, or other person who makes this Return, M. J. Lyman

Address, 1313 W. Balto St

Remarks, Heart child not named

8960004484

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Twins Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 9 — 1896
4. Place of Birth, (Street and Number) 223 N. Madeira St.
5. Full Name of Mother, Julia Grill
6. Mother's Maiden Name, Schwuell
7. Mother's Birthplace, Hungary
8. Full Name of Father, Frank Grill
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Hungary

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Pratt St.

Remarks,

5960004485

Every physician or midwife in attendance upon a birth shall report the full name of each child, (if any shall have been conferred,) its sex, color, the full name, residence and occupation of each parent, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, within five days after the birth of any child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of her child required to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, any such person of persons who shall hereafter fail to comply with the provisions of this section shall for each offence, forfeit to the use of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...g. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 2m
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9th of October 96
4. *Place of Birth, (Street and Number)*	2104 Belvedere Road
5. *Full Name of Mother,*	Louise Friederich
6. *Mother's Maiden Name,*	Louise Kurz
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Georg Friederich
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Kerler Midwife
Address,	2116 W Pratt St
Remarks,	

1 8960004486

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Return is to cover the full name and occupation of its parents, the date and place of birth and the sex of each child born alive, and shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Oct 9 1906
4. *Place of Birth, (Street and Number)*	1909 Caroline St
5. *Full Name of Mother,*	Mary Alice Andrews
6. *Mother's Maiden Name,*	Danner
7. *Mother's Birthplace,*	Delaware
8. *Full Name of Father,*	Geo. M. Andrews
9. *Father's Occupation,*	machinist
10. *Father's Birthplace,*	United States
Name of Medical Attendant, or other person who makes this Return,	Wm F. Watson
Address,	1601 N. Broadway
Remarks,	

B 9 6 0 0 0 4 4 8 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of each attendant upon the mother at the birth of such child, and the said schedule shall be delivered, duly signed by the person who shall have attended as physician or midwife upon the mother at the birth of such child, or in case there was no such attendant, by the father or mother of such child, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the time above specified; and any person or persons neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

[illegible] in or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* oct 1 1896
4. *Place of Birth, (Street and Number)* No 956 Ludgree rod
5. *Full Name of Mother,* Mrs Mattie hause
6. *Mother's Maiden Name,* Miss Mattie box
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* john hause
9. *Father's Occupation* a saloon
10. *Father's Birthplace,* germany

Name of Medical Attendant, or other person who makes this Return, Mrs Alice Blum

Address, colver st near Arsey Lane

Remarks,

babie name William

1896004488

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct. 1th
4. Place of Birth, (Street and Number)	# 314 Chester st.
5. Full Name of Mother,	Lizzie Krag.
6. Mother's Maiden Name,	Lizzie Balster
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	William Krag
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	# 241 S. Chester st
Remarks,	

1896 0004489

Wm. J. C. Dulany Co., City Printers and Stationers.

1336]

RETURN OF A BIRTH. 77823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. *Sex, (state whether male or female)* Madchen
2. *Race or Color, (if not of the white race)* weis
3. *Date of Birth,* 3 Oktober 1
4. *Place of Birth, (Street and Number)* Fait Ave H 2529 1/2
5. *Full Name of Mother,* Katarina Gepchatz
6. *Mother's Maiden Name,* Bauch
7. *Mother's Birthplace,* Deutchland
8. *Full Name of Father,* Jochann Gepchatz
9. *Father's Occupation* Arbeiter
10. *Father's Birthplace,* Deutchland

Name of Medical Attendant, or other person who makes this Return, M. Bayier

Address. Fait Ave 1 B 2611.

Remarks, Baltimore.

8960004490

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. That it shall be the duty of the attending physician or midwife, in every case of birth occurring after the first day of January, nineteen hundred and seven, within the limits of Baltimore City, to report to the Commissioner of Health the birth of any child so born, which report shall be made within the first ten days after the birth has occurred; and in case there is no attending physician or midwife, then the owner, agent or lessee of the house in which the birth occurs shall report the birth; and in case the birth occurs in any other place than a house, then the parent of the child shall report the birth. Such report shall be made in writing, and shall state the full name of each child, (if any shall have been conferred) its sex, color, the full name, residence, occupation and birthplace of the parents of said child, the number of such child, whether first, second, third or other child born to the parents, the date and the place of birth, and the name and residence of the physician, midwife or other person making the report. Such report shall be made upon a certificate to be furnished by the Commissioner of Health, in the form of a certificate hereto annexed, and shall be delivered, duly signed by the practitioner in the form of certificate hereto annexed, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth, then the parent of such child shall report the birth to the Commissioner of Health, in the manner and within the time above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Monday Oct 5th
4. Place of Birth, (Street and Number) #819 W Pratt
5. Full Name of Mother, Maggie E Kellaugh
6. Mother's Maiden Name, Sheddon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William H Kellaugh
9. Father's Occupation Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M D Tedley

Address, 1004 Mt Lexington St

Remarks,

8960004491

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the physician or midwife in attendance, if any, upon the mother at the birth of said child, which said schedule shall be delivered, duly signed by the practitioner in the case, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or mother of such child shall make such return within the first ten days of the month following the birth of such child, and in default thereof shall be liable to a penalty of ten dollars for each offence. If the father or mother of such child shall be absent from the city, or unable to make such return, then the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and subject to the penalties aforesaid, shall devolve upon the other, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and subject to the penalties aforesaid, shall devolve upon the other, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and subject to the penalties aforesaid, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 5th
4. Place of Birth, (Street and Number) 2637 Francis St
5. Full Name of Mother, Annie M. Brown
6. Mother's Maiden Name, " " Steigerwald
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert L. Brown
9. Father's Occupation Salesman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return Ora C. Faulstich

Address, 2859 N Fulton Ave

Remarks,

8960004492

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred. If a child be born alive, but shall die before the name can be ascertained, the full name of each child, if any shall have shall otherwise be described. If such birth occur in the Almshouse, the fact shall be stated. Every such return shall be made within the first and third day of each and every month to the office of the Commissioner of Health, from each district of the city, and for every child whose birth shall occur without the attendance of a physician or practioner of midwifery, or should no other person be present at the birth, the mother herself shall make such return within the period above required, and shall be subject to the same penalty for neglect as is above imposed upon the attendant. If the mother be unable to make such return, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 chil.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, October 7 1892

4. Place of Birth, (Street and Number) 25 Lisbon at Landon

5. Full Name of Mother, Mary A [illegible]

6. Mother's Maiden Name, Shaw

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation, [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1896000493

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

over

RETURN OF A BIRTH 77827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Arthur H. Wolters

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 9th 1896
4. Place of Birth, (Street and Number) #304 Richmond ste
5. Full Name of Mother, Hermine Wolters
6. Mother's Maiden Name, Hermine Bollfras
7. Mother's Birthplace, Germany
8. Full Name of Father, William Wolters
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. M. A. Lisley

Address, 1004 W. Lexington

Remarks,

8960004494

been correctly recorded, the full name and occupation of its parents, the date and place of birth, and the sex, color, and number of children born alive to the mother, including the present birth, and that said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or employee of the Board of Health designated to receive the same; and that no other person shall be in attendance upon the mother immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to perform such duty shall be subject to the penalties prescribed by Section 1 of Article 43 of the Code of Public Local Laws of Maryland, and shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct. 9th 96.

4. Place of Birth, (Street and Number) 619 Penna. Ave.

5. Full Name of Mother, Annie Gertrude Meagher

6. Mother's Maiden Name, Foley

7. Mother's Birthplace, Maryland

8. Full Name of Father, Jno. Meagher

9. Father's Occupation Carpenter.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Chamberlain

Address, 1801 Madison Ave

Remarks,

1896 0004495

Wm. J. C. Dulany Co., City Printers and Stationers.

1336

RETURN OF A BIRTH. 7829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Madchen
2. Race or Color, (if not of the white race) weis
3. Date of Birth, 11 Oktober
4. Place of Birth, (Street and Number) Essex St # 2221
5. Full Name of Mother, Marya Lubinska
6. Mother's Maiden Name, Pawzak
7. Mother's Birthplace, Deutchland
8. Full Name of Father, Matthew Lubinski
9. Father's Occupation Pollis
10. Father's Birthplace, Deutchland

Name of Medical Attendant, or other person who makes this Return, M Begue

Address, Fait Ave St # 261

Remarks, Baltimore

8960004496

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and whether such child is the first, second, third or other child born of the mother. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or other person in charge of such child shall report the birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the person in charge of such child is required to report the birth to the Commissioner of Health, in the manner and within the period above required, and such person so neglecting or refusing to comply with the provisions of this section shall be subject to the fine or lien (by dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. Oct 11/96
4. Place of Birth, (Street and Number) Penna ave & Clifton St
5. Full Name of Mother, Lizzie Bruckman
6. Mother's Maiden Name, Katie Wollering
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Bruckman
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. A. Polk

Address, 2038 Madison Ave

Remarks,

8960004497

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 77831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child 1 girl 3 boys

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 11 1896
4. Place of Birth, (Street and Number) 1840 Fredrick av
5. Full Name of Mother, Flora Coplan
6. Mother's Maiden Name, Cohn
7. Mother's Birthplace, germany
8. Full Name of Father, E L Coplan
9. Father's Occupation cutter
10. Father's Birthplace, germany

Name of Medical Attendant, or other person who makes this Return, M d Fine Blum

Address, Calvert St near Lexington

Remarks, please have it put in the record

8960004498

Wm. J. C. Dulany Co., City Printers and Stationers.

Every child born within the City of Baltimore shall be registered as to the facts set forth as far as the same can be ascertained, the full name of each child, if any shall have been ordered, its sex, color, the full name and occupation of its parents, the date and place of birth, and the maiden name of the mother, in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth occurs in any other period it shall be delivered, duly signed by the attending physician or practicioner of midwifery, of the person or parents of such child, to the office of the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother immediately thereafter. Any physician or midwife who shall fail to comply with the provisions of this section shall incur a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 77832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex (state whether mate or femate), Female

2. Race or Cotor (if not of the white race),

3. Date of Birth, Oct. 11th 96.

4. Place of Birth (Street and Number), 38 East 26th St.

5. Fult Name of Mother, Annie Elsie Hutchinson

6. Mother's Maiden Name, Dodson

7. Mother's Birthplace, Balto.

8. Futt Name of Father, Paul Holt Hutchinson

9. Father's Occupation, Iron Moulder.

10. Father's Birthplace, Balto.

Name of Medicat Attendant, or other person who makes this Return. L. Hutchinson M.D.

Address, 1851 Madison Ave

Remarks,

8960004499

And shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conceived, its sex, color, the full name and residence of the parents, the date and place of birth, and the said schedule shall be delivered, by the said physician or practitioner in the form of a certificate between the first and fifth days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner as aforesaid, it shall be the duty of the person in attendance upon the mother, immediately thereafter to make out and within the period above required, and any such person so neglecting the Commissioner shall have full power and authority to compel obedience to the provisions of this section by the same penalties as are provided in the case of physicians and practitioners, and any such person so neglecting shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 17833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th,

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, October 12th,
4. Place of Birth, (Street and Number) 1378 Columbia ave,
5. Full Name of Mother, Mary Meushaw,
6. Mother's Maiden Name, Kiem,
7. Mother's Birthplace, A. A. Co. Md,
8. Full Name of Father, Charles Meushaw,
9. Father's Occupation, Box-maker,
10. Father's Birthplace, Washington, D. C.

Name of Medical Attendant, or other person who makes this Return, Ernest Alderdice M.D.

Address, No. 721 Columbia Ave.

Remarks,

1896 0004500

Wm J. C. Dulany Co., City Printers and Stationers.

Every Physician or Midwife in attendance upon a birth shall, within ten days thereafter, deliver to the parent or parents of such child, or to the person having charge of the child, a certificate setting forth the name of the child, the time of birth, the sex, the color, the name of the parents, and the number of births which have occurred in the family, and shall at the same time deliver to the person receiving such certificate a duplicate thereof, which duplicate shall be signed by the person receiving the original certificate, and shall be delivered by the Physician or Midwife to the Commissioner of Health. Any Physician or Midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every parent, guardian, householder, or other person having charge of any child born in the City of Baltimore, shall, within ten days after the birth of such child, report the same to the Commissioner of Health, stating the time and place of birth, the name, sex, and color of the child, the name and residence of the parents, and the number of births which have occurred in the family; and if there be no attendance upon the mother, immediately thereafter, it shall be the duty of the person having charge of the child to report its birth to the Commissioner of Health, and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 13 th 1896
4. Place of Birth, (Street and Number) 243 North Gilmor st
5. Full Name of Mother, Ella Fleming
6. Mother's Maiden Name, Ella Saunders
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Franklin Fleming
9. Father's Occupation Cap. Inspector
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return M A Sedler

Address, 1004 W Lexington St

Remarks,

8960004501

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 5. And be it further enacted, That the name, occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, it shall be the duty of the mother, within the period above required, to furnish the information required by this section, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14th Oct.
4. *Place of Birth, (Street and Number)* 1518 N. Stricker st
5. *Full Name of Mother,* Sadie E. Sanders.
6. *Mother's Maiden Name,* Sadie E. Crowley.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robt Fulton Sanders.
9. *Father's Occupation* Paper Hanger.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. M. [illegible] Tracy

Address, 731 Cumberland St

Remarks,

1896000450 2

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a practitioner or midwifery, or should no other person be attendance upon the birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 18th
4. Place of Birth, (Street and Number) 2027 Ridgewood Ave
5. Full Name of Mother, Louise Wenz
6. Mother's Maiden Name, Wisk
7. Mother's Birthplace, Balto
8. Full Name of Father, John Jacob Wenz
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs C. Frankstick

Address, 2859 N. Fulton Ave

Remarks.

8 9 6 0 0 0 4 5 0 3

Wm. J. C. Dulany Co., City Printers and Stationers

1236]

RETURN OF A BIRTH. 77837.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8d

1. Sex, (state whether male or female) Madchen
2. Race or Color, (if not of the white race) weis
3. Date of Birth, 14 Oktobr
4. Place of Birth, (Street and Number) Posen H 18 811
5. Full Name of Mother, Katarina Kertonska
6. Mother's Maiden Name,
7. Mother's Birthplace, Deutchland
8. Full Name of Father, Walenty Kertonski
9. Father's Occupation Arbeiter
10. Father's Birthplace, Deutchland

Name of Medical Attendant, or other person who makes this Return. H. Bogier

Address, Fait Ave N 1826 11

Remarks, Baltimore

1896 00 04504

been conferred) its sex, color, the full name and occupation of its parents, the date and place of such child. If any child shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent of such child. In case the birth of any child third day or without the attendance of a physician or if shall become the duty of the person or persons required, and attendance upon the mother, commissioner of health, in the manner and within the time prescribed by section 1 of this section, shall be sub- child to report its birth as is who shall hereafter fail to comply with the provisions of this section, shall be sub- any such person or persons so offending shall be subject to the fine or fines and forfeitures are recoverable. ject to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, october 11 th 1896
4. Place of Birth, (Street and Number) 124 west Fluvey st
5. Full Name of Mother, Mary Braun
6. Mother's Maiden Name, Mary woodfolk
7. Mother's Birthplace, virginia
8. Full Name of Father, robert Braun
9. Father's Occupation, laborer
10. Father's Birthplace, west river

Name of Medical Attendant, or other person who makes this Return, Hannah Jane thornton

Address, 124 west Fluvey st

Remarks, full 9 months

8960004505

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 17839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 20th
4. Place of Birth, (Street and Number) 2664 Florence St
5. Full Name of Mother, Amalie Reinecke
6. Mother's Maiden Name, Bottha
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Reinecke
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs C Raudstein

Address, 2859 N Fulton Ave

Remarks,

8 7 0 0 0 0 4 5 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

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1236

RETURN OF A BIRTH. 7840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9d.

1. Sex, (state whether male or female) Madchen
2. Race or Color, (if not of the white race) weis
3. Date of Birth, 21 Oktober
4. Place of Birth, (Street and Number) Kinnen St No 314
5. Full Name of Mother, Marya Walinska
6. Mother's Maiden Name, Nowotno
7. Mother's Birthplace, Deutchland
8. Full Name of Father, Frank Walinski
9. Father's Occupation, Arbeiter
10. Father's Birthplace, Deutchland

Name of Medical Attendant, or other person who makes this Return, M. Beyer

Address, Fait Ave St No 2611

Remarks, Baltimore

8960004507

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Mother: His sex, color, the full name and occupation of his parents, the date and place of birth; and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur within the said city of Baltimore, and no other person be present, it shall be the duty of the person or practitioner of midwifery, or of the person or parents of such child to report its birth to the Commissioner of Health, at the office aforesaid, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, it shall be the duty of such physician or practitioner of midwifery to report the birth of such child to the Commissioner of Health, at the office aforesaid, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Octaber th 22 1896
4. *Place of Birth, (Street and Number)* Hamburg st 115
5. *Full Name of Mother,* Jinney Trustam
6. *Mother's Maiden Name,* Jinney Stanly
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* James Stanly
9. *Father's Occupation* labour
10. *Father's Birthplace,* Cambridge

Name of Medical Attendant, or other person who makes this Return, Sarrah Jane Thomas

Address, 124 west Hamburg st

Remarks, full 9 months

1896000004508

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 22/96
4. Place of Birth, (Street and Number) 1519 Hunter St
5. Full Name of Mother, Mary Kirk
6. Mother's Maiden Name, Mary O'Brian
7. Mother's Birthplace, Balto
8. Full Name of Father, Alex Kirk
9. Father's Occupation Mechanic
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. A E Pole

Address, 2038 Madison Av

Remarks,

1896 00 04509

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Return of Birth must be made out in accordance with the above form, and must state the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the full name and residence of the person who attended the mother during her confinement. Every such Return shall be delivered, duly signed, to the Commissioner of Health, Health Office, Battle Monument Square, within ten days after the birth to which it relates shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth.* Oct 23

4. *Place of Birth, (Street and Number)* 1532 Lemington Place

5. *Full Name of Mother,* Ada E Dean

6. *Mother's Maiden Name,* " Poe

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Richard T Dean

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Harford Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs. M. E. Stockert

Address, 731 Cumberland Alley

Remarks,

18960004510

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate, to the Registrar of Vital Statistics at the office of the Commissioner of Health, within thirty-six hours after the birth of such child; and every midwife or other person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of forty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) Colord
3. *Date of Birth*, October 7th 1906
4. *Place of Birth*, (*Street and Number*) Penn st [illegible]107
5. *Full Name of Mother*, Mary Warrington
6. *Mother's Maiden Name*, Mary Carroll
7. *Mother's Birthplace*, Virginia Hampton Va
8. *Full Name of Father*, Henry Warrington
9. *Father's Occupation* Laborer
10. *Father's Birthplace*, Smith County Va

Name of Medical Attendant, or other person who makes this Return, Sarah Jane Thomas

Address, 1714 west Pleasant st

Remarks, full 9 months

Sec. 20. . . . shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month succeeding the birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parent of such child to report the birth to the Commissioner of Health within the period above specified, and any person or parent who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960004511

RETURN OF A BIRTH. 77845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 2 3 1874

4. Place of Birth, (Street and Number) 2 50 Victory Ave

5. Full Name of Mother, Rosa L Randall

6. Mother's Maiden Name, Chaltra

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, George L Lee

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E King 575 Victory Ave Canton city

Remarks,

8960004512

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, October the 3.4 1896
4. Place of Birth, (Street and Number) Fire alley 703
5. Full Name of Mother, Mary Broome
6. Mother's Maiden Name, Mary reed
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, Henry Broome
9. Father's Occupation, labour
10. Father's Birthplace, Taylors Island Md

Name of Medical Attendant, or other person who makes this Return, Sarah Jane Thomas

Address, 124 west Fayette st

Remarks, full 9 months

8960004513

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife and every person who shall assume the duties of a midwife, or practice midwifery for pay, shall report to the Commissioner on the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health. Any person who shall refuse or neglect to make such report as herein required, or who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 77847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three children 1 girl 2 boys

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 24 1896
4. Place of Birth, (Street and Number) No 127 Mayford St
5. Full Name of Mother, mary March
6. Mother's Maiden Name, McConnell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John F March
9. Father's Occupation cigar maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ella Blum

Address, collier st near Lombard

Remarks, please put at Herald

8960004514

Wm. J. C. Dulany Co., City Printers and Stationers.

(If any child shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the case of children born in the city, to the Commissioner of Health. In case the birth of any child shall occur without the assistance of a duly qualified physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 25th 1896
4. Place of Birth, (Street and Number) 1006 Pine Street
5. Full Name of Mother, Anna Katie Schneider
6. Mother's Maiden Name, Anna Katie Kreutner
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Conrad Ernst Schneider
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Matt Ledley

Address, 1004 West Lexington St

Remarks,

1896000451 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at such birth, then the mother, if able, and if not able, the person or persons present at such birth shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 25th 1896
4. Place of Birth, (Street and Number) Broadway Alley
5. Full Name of Mother, Florence Estella Brooks
6. Mother's Maiden Name, Florence Estella Peters
7. Mother's Birthplace, Falls Road Hampden
8. Full Name of Father, Wirt Hard Brooks
9. Father's Occupation, Laborer
10. Father's Birthplace, Woodbury

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E King 575 Keith Ave Hampden city

Remarks,

5960004516

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 2. Be it ordained, That it shall be the duty of the physician, midwife or other person in attendance upon any birth occurring in the City of Baltimore, to make a return thereof to the office of the Commissioner of Health within the first three days after the birth shall occur; and every such physician, midwife or other person who shall neglect or refuse to make such return within the time aforesaid, shall be liable to a penalty of five dollars for each and every such neglect or refusal; and in case the birth of any child shall occur without the attendance of a physician or midwife, or should the person in attendance upon the mother, immediately thereafter, be unable to make the return, it shall become the duty of the person in whose house or premises the birth occurred, to make such return within the time aforesaid, and any such person or persons who shall neglect or refuse to make such return shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 6 1892
4. Place of Birth, (Street and Number) 2 [illegible] ave e
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father, [illegible] Black
9. Father's Occupation carpenter
10. Father's Birthplace, [illegible] Va

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E. King

Remarks, 5.45 Hickory Ave Hampden city

8960004517

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27 October
4. Place of Birth, (Street and Number) 1126 Cookson st.
5. Full Name of Mother, Pauline Steinitz
6. Mother's Maiden Name, " Leidiger
7. Mother's Birthplace, Germany
8. Full Name of Father, Oskar Steinitz
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Adolf Meyer

Address, 1331 Hull st. Locust Point.

Remarks,

8960004518

Every physician, midwife, or other person in charge of a case of birth, shall, within ten days after the birth occurs, make a return thereof to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the form of a certificate between the first and third day of each and every month to the officer of the Board of Health, in case the birth occurs in his district, and in case the birth occurs in any other district, to the officer of the Board of Health in whose district the birth occurs, and shall state in such certificate the name and residence of the mother, and the name and residence of the father, if known, and the name and residence of the physician, midwife, or other person in charge of the case, and the date of the birth of the child, and whether it is the first, second, third or other child born of the mother; and every such physician, midwife, or other person in charge of the case shall, immediately thereafter, make and sign a record of the birth, containing the same facts required to be stated in the certificate to be returned to the officer of the Board of Health, and shall preserve such record for future reference. In the manner and within the period above required, and any such person who shall neglect or refuse to comply with the requirements of this section shall be guilty of a misdemeanor, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-14-37 - 5-11-58

RETURN OF A BIRTH. 77852

Cara Belle Fleming

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edgar Noah Fleming

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th & 5th Twins

1. Sex, (state whether male or female) Male & Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Octo 27/96
4. Place of Birth, (Street and Number) 2333 Pennsylvania Ave
5. Full Name of Mother, Kate Fleming
6. Mother's Maiden Name, Kate Dolzel
7. Mother's Birthplace, Balto
8. Full Name of Father, Louis Fleming
9. Father's Occupation Tinner
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Ackole

Address, 2038 Madison Ave

Remarks,

8960004519

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person who has charge of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George John Manns Jr

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 28th 1896
4. Place of Birth, (Street and Number) #394 Duncan Alley
5. Full Name of Mother, Louise Manns
6. Mother's Maiden Name. Louise Stansbury
7. Mother's Birthplace. Balto.
8. Full Name of Father, Geo. Manns
9. Father's Occupation. Tinner
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary A. Perfner

Address. #241 S. Chester

Remarks, GIVEN NAME ADDED 10-16-53

8 9 6 0 0 0 4 5 2 0

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 28th
4. Place of Birth, (Street and Number) #216 Moyer st.
5. Full Name of Mother, Annie King
6. Mother's Maiden Name, Annie Jaengerle
7. Mother's Birthplace, Baltr.
8. Full Name of Father, Charles King
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltr.

Name of Medical Attendant, or other person who makes this Return, Mary A. Pertner

Address, #2418 Chester.

Remarks,

8960004521

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth who is required by this section to report the same, the mother of such child shall report the birth to the Commissioner of Health. In the manner and within the period herein required, such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	Oct. 29th
4. Place of Birth, (Street and Number)	# 1812 E. Pratt st.
5. Full Name of Mother,	Lizzie Bennett,
6. Mother's Maiden Name,	Lizzie Pithbecker
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Robert B. Bennett,
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Washington
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner,
Address,	# 2011 E. Chester
Remarks,	

8960004522

third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall not be reported as aforesaid, then it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-8-66

RETURN OF A BIRTH. 77856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Nathan Siegel

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29 October, 1896
4. Place of Birth, (Street and Number) 1302 Hull St.
5. Full Name of Mother, Jette Siegel
6. Mother's Maiden Name, " Cohn
7. Mother's Birthplace, Germany
8. Full Name of Father, Max Siegel
9. Father's Occupation, Store keeper.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Rolf. Meyerson

Address, 1331 Hull st

Remarks,

1 8 9 6 0 0 0 4 5 2 3

... a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 77857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Oct 29 1896
4. *Place of Birth, (Street and Number)* 817 Mulberry East
5. *Full Name of Mother,* Mary B rooks
6. *Mother's Maiden Name,* Mary Johnson
7. *Mother's Birthplace,* Essex Co Va.
8. *Full Name of Father,* Charles Brooks
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Henry Co N. C.

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 1121 Saratoga st

Remarks,

1896000045 24

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 3. Be it ordained, &c., That all births and resurrection of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the Registrar of Vital Statistics, on the third day of each and every month to the office of the Commissioner of Health. In case the child shall die first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother at the birth of such child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 30 October
4. Place of Birth, (Street and Number) 1408 Fort Ave.
5. Full Name of Mother, Maud Cramford
6. Mother's Maiden Name, " Morgan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Cramford.
9. Father's Occupation, Engineer Batt. C. F. Depot
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. H. Mc Jones

Address, 1331 Hull St

Remarks, 7 Month.

B 9 6 0 0 0 4 5 2 5

This day of each and every month the Officer of the Commissioner of Health of a certificate, between the first and third days of each and every month, to the Office of the Commissioner of Health, in case where the birth of any child shall have occurred without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 30th
4. Place of Birth, (Street and Number) 2865 Fulton Ave
5. Full Name of Mother, Carrie Pinkler
6. Mother's Maiden Name, Carrie Beck
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jos. P. Pinkler
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Faulstich

Address, 2859 N. Fulton Ave

Remarks,

8460004526

Wm. J. C. Dulany Co., City Printers and Stationers.

and shall be delivered, duly signed by the practitioner or midwife, the date and place of birth; and the full name, residence and occupation of the parents. In case there is no physician or midwife in attendance upon the mother, the father or mother shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-31-56

RETURN OF A BIRTH. 77860

CERTIFICATE CORRECTED 9-3-36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie Bertram

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 20 1896
4. Place of Birth, (Street and Number) 2613 Penna Av
5. Full Name of Mother Augusta (~~Henry~~) Bertram
6. Mother's Maiden Name, " (~~Heck~~) Grossmen
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas E Bertram
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison Av

Remarks,

8960004527

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Registrar of Births, a return of each birth of any child which shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons shall furnish all the particulars with the exception of the cause of death, and be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health, a certificate, given by the first and attendant upon the mother, containing the information required by the Commissioner of Health. To case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the person in charge of the house in which the child was born, or the parents or parent of such child to report its birth to the Commissioner of Health. In the manner and within the period above mentioned. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in the other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 31th
4. *Place of Birth, (Street and Number)*	#23 First Ave canton
5. *Full Name of Mother,*	Katie Kenedy
6. *Mother's Maiden Name,*	Kate Kelly
7. *Mother's Birthplace,*	Balto,
8. *Full Name of Father,*	Micheal Kenedy
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mary Perlner
Address,	#218. Chester
Remarks,	

8960004528

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Octo 31, 96
4. Place of Birth, (Street and Number) 1723 Madison av
5. Full Name of Mother. Carrie Lukas
6. Mother's Maiden Name. Carrie Hamburger
7. Mother's Birthplace. Balto
8. Full Name of Father, Albert Lukas
9. Father's Occupation Clothier
10. Father's Birthplace. Balto

Name of Medical Attendant, or other person who makes this Return. A Cole

Address, 2038 Madison av

Remarks.

1 8 9 6 0 0 0 4 5 2 9

said refusal shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons required and subject to report the case to the Commissioner of Health, in the manner and within the time required, and all persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 4 96
4. *Place of Birth, (Street and Number)*	1239 McElderry St.
5. *Full Name of Mother,*	Hattie Block
6. *Mother's Maiden Name,*	" Sommer
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	H. L. Block
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	1 E. Preston St.
Remarks,	

1896 0004530

Wm. J. C. Dulany Co., City Printers and Stationers.

The birth of a child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Registrar of the District, or, in case there is no practitioner in attendance, the birth shall be reported within ten days after the occurrence thereof. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 77867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct 4-96
4. Place of Birth, (Street and Number) 1627 W Lexington St
5. Full Name of Mother, Jessie Ls. J. Harper
6. Mother's Maiden Name, Zimmerman
7. Mother's Birthplace, Chicago, Ill.
8. Full Name of Father, Chas. T. Harper
9. Father's Occupation, Physician
10. Father's Birthplace, Ivanhoe N.C.

Name of Medical Attendant, or other person who makes this Return — Wm Funck M.D.

Address, DR. J. WM. FUNCK, 101 N. FULTON AVENUE, BALTIMORE

Remarks,

5 7 6 0 0 0 4 5 3 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or other person, it shall become the duty of the person in charge of the premises where such birth occurs, or in which the child is, to report the particulars required, and attendance upon the mother, immediately after the birth, in the manner and within the time above required, and any such person or practitioner who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 77865

GIVEN NAME ADDED 8/25/16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Herbert Andrew Ritter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Oct. 5th 1896
4. Place of Birth, (Street and Number) 2014 Pulaski St.
5. Full Name of Mother, Martha Bertie Ritter
6. Mother's Maiden Name, M. P. McCullough
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Wm. Andrew Ritter
9. Father's Occupation, Street Paver
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. J. A. Zepp M. D.

Address, N.E. Cor. W. North Ave. & Gilmor St.

Remarks,

1 896000 45 32

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur in the absence of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person who is required by law to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 7866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A Was born in Baltimore

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, It was born Oct 8 1896 in the morning 3
4. Place of Birth, (Street and Number) No 6 West Conway Street
5. Full Name of Mother, Rachel Wheeler
6. Mother's Maiden Name, Rachel Harris
7. Mother's Birthplace, In Baltimore
8. Full Name of Father, Enoch Wheeler
9. Father's Occupation Porter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Misses Gray

Address, No 6 West Conway Street

Remarks,

1 8960004533

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 7867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1a

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Oct 14th
4. Place of Birth, (Street and Number) 901 Elm Place
5. Full Name of Mother, Mary J. Gent
6. Mother's Maiden Name, Mary J. Hazleton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Stephen E. Gent
9. Father's Occupation Waiter
10. Father's Birthplace, Reistertown

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

8 9 6 0 0 0 4 5 3 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 77868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if mixed of the~~ white race)
3. Date of Birth, October 16th 1896
4. Place of Birth, (Street and Number) 1108 E. Fayette
5. Full Name of Mother, Rosina Cartagensis
6. Mother's Maiden Name, Rosina Abrams
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Moses H Cartagensis
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M D

Address, 914 N. Charles St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960004535

Every midwife who shall engage in the practice of her profession in the City of Baltimore, shall, before the first day of January, 1895, and before the first day of each and every month thereafter, report to the Commissioner of Health, at the office of the Commissioner, the births of any child which shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons neglecting or refusing to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 9/96
4. Place of Birth, (Street and Number) 664 W. German St.
5. Full Name of Mother, Josephine Gregory
6. Mother's Maiden Name, Etzel
7. Mother's Birthplace, Germany
8. Full Name of Father, John Gregory
9. Father's Occupation, Plumber & Gas Fitter
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Bernhard Vogel M.D.

Address, 522 Pearl St.

Remarks, None

8960004536

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, or person acting as midwife, and every physician or surgeon who shall attend upon any birth which occurs within the limits of Baltimore City, shall, within ten days after the birth, report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the manner and with the particulars required by law; and every midwife, physician or surgeon who shall fail to report such birth, and every person who shall fail to report such birth to the Commissioner of Health, in the manner and within the time required by law, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 Oct
4. Place of Birth, (Street and Number) 1024 E. Eden St
5. Full Name of Mother, Johanna Ehm
6. Mother's Maiden Name, Johanna Schmidt
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Peter Ehm
9. Father's Occupation Blacksmith.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. [illegible] with Midwife

Address, 1417 E. Eager St.

Remarks,

8960004537

Wm. J. C. Dulany Co., City Printers and Stationers.

said midwife shall be delivered, duly signed by the midwife or the physician in charge, the date and place of birth, and the child's sex, and in every case to the office of the Commissioner of Health, in the form of certificate issued by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, as above required, and any such person or persons who shall knowingly and wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

3.]

RETURN OF A BIRTH. 77871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5th.

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, 21 Oct
4. *Place of Birth*, (*Street and Number*) 1802 Keilers St.
5. *Full Name of Mother*, Margie O'Toole
6. *Mother's Maiden Name*, Margie Lee
7. *Mother's Birthplace*, Ireland
8. *Full Name of Father*, John O'Toole
9. *Father's Occupation* Barber
10. *Father's Birthplace*, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Dr. Nicholls

Address, 1471 E. Eager St.

Remarks,

8960004538

said schedule shall be delivered, duly signed by the person required by this act to sign the same, to the Registrar of the district in which the birth shall occur within the first and third day of each and every month to the office of the Commissioner of Health. In case a birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health as aforesaid within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77872

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 21st '96
4. Place of Birth, (Street and Number) 510 Rogers Ave
5. Full Name of Mother, Margaret Miner
6. Mother's Maiden Name, " Donnahan
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Andrews Miner
9. Father's Occupation, Laborer
10. Father's Birthplace, U. S.

Name of Medical Attendant or other person who makes this Return, Hurd Hopkins

Address, 102 Fremont Ave

Remarks,

8960004539

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the above mentioned period, the mother of such child shall immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Oct 23 96
4. Place of Birth, (Street and Number) 707 E. Chase St.
5. Full Name of Mother, Mary England
6. Mother's Maiden Name, B. Jenkins Lane
7. Mother's Birthplace, Md.
8. Full Name of Father, England.
9. Father's Occupation Engineer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. J. A. Robinson M.D.

Address, 1366 E. Preston St

Remarks,

1896 0004540

Wm. J. C. Dulany Co., City Printers and Stationers.

It is hereby made the duty of every person in charge of any case of birth occurring in this city, to cause a certificate thereof to be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case of birth of any child, if such birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-9-62

RETURN OF A BIRTH. 77874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Louise Bouldin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) Colored
3. *Date of Birth*, October 23rd 1926
4. *Place of Birth*, (Street and Number) 1124 Stark Street
5. *Full Name of Mother*, Estelle Bouldin
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Samuel H. Bouldin
9. *Father's Occupation* Laborer
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jane Hill

Address, 703 Sterling St.

Remarks.

8960004541

Sec. 3. Number to be kept by Registrar. Sec. 4. Name, sex, color, &c. of child; name and occupation of its parents, the date and place of birth, and the name and address of the person making the return, in the form of a certificate between the first and second numbers on the first page of each sheet, shall be filled out by the Commissioner of Health, or Registrar, or such person as he may designate, in a plain and legible manner, with ink, and shall be signed by the physician or practitioner or midwife, or if there be no physician or practitioner or midwife in attendance, then by the father or mother of the child, or householder or owner of the premises where the birth occurred, or other person having knowledge of the facts, within the period above required, and delivered to the office of the Commissioner of Health, or Registrar, or such person as he may designate, immediately thereafter. It shall become the duty of the person or persons required by this section to report the birth of any child, and of the Commissioner of Health, or Registrar, or such person as he may designate, to enter the certificate in the register of births, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 77875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female) Elisabeth Lucille Gettinger
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 23 nd 1876
4. Place of Birth, (Street and Number) 125 - W. 22 nd St
5. Full Name of Mother, Meta Block Gettinger
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Howard Gettinger
9. Father's Occupation, Salesman
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, John H. Emmons M.D.

Address, 2100 - Maryland Ave

Remarks, OVER NAME ADDED. 2-19-57

8960004542

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Every birth and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

(over)

RETURN OF A BIRTH. 77876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: ~~Edward~~ E. Contarsy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 28th 1896
4. Place of Birth, (Street and Number) 400 N. Gay St
5. Full Name of Mother, Emily Contarsy
6. Mother's Maiden Name, Perlman
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Contarsy
9. Father's Occupation Druggist
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. N. Lenesky

Address. 809 E. Fayette St

Remarks.

1 8 9 6 0 0 0 4 5 4 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days after the birth, and if there be no physician or practitioner in attendance, then by the parent or parents of such child within ten days after the birth; and in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct. 28th 96.

4. Place of Birth, (Street and Number) 857 N. Preston St. Baltimore

5. Full Name of Mother, Nellie Cecelia Driggs.

6. Mother's Maiden Name, Nellie Cecelia Gray.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Edward Driggs.

9. Father's Occupation Waiter

10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, Dr C Reily. M. W. Jones Asst.

Address, 534 N.

Remarks.

8960004544

Shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance, such birth shall be reported to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 3-30-54

RETURN OF A BIRTH. 77878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Pearl Myrtle ~~Marpoe~~ Inc.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White Race.
3. Date of Birth,	Oct. 28/46.
4. Place of Birth, (Street and Number)	No. 1817 Hanover St.
5. Full Name of Mother,	Birdie (Hays) Marpoe
6. Mother's Maiden Name,	" Parkinson
7. Mother's Birthplace,	Balto Md.
8. Full Name of Father,	Charles ~~Birdie Hays~~ Henry Marpoe
9. Father's Occupation	Balto Md.
10. Father's Birthplace,	Laborer
Name of Medical Attendant, or other person who makes this Return.	Annie Jones
Address,	No 1613 E. Chase St.
Remarks,	Nurse Lady.

1 8 9 6 0 0 0 4 5 4 5

said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. And in case no other person be in attendance at such birth, the mother shall make such return and within the period above required. Any person who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 77879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White Race.
3. Date of Birth, Oct. 29th
4. Place of Birth, (Street and Number) No. 825 Eighth St.
5. Full Name of Mother, Elizabeth Brady
6. Mother's Maiden Name, Brady
7. Mother's Birthplace, Virginia
8. Full Name of Father, Joshua Brady.
9. Father's Occupation Machinist.
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Annie Jones

Address, No 1603 S. Charles St.

Remarks, Jones Yearly.

6 9 6 0 0 0 4 5 4 6

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 child
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	colord
3. Date of Birth,	29 october
4. Place of Birth, (Street and Number)	sturling st 731
5. Full Name of Mother,	Birdy more
6. Mother's Maiden Name,	Birdy griffen
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Bud more
9. Father's Occupation,	labory
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Maria Wright
Address,	814 Ensor st
Remarks,	

8960004547

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent, or parents, or person in charge of such child, shall become the duty of the person or parents of such attendance upon birth to the Commissioner of Health. In the manner and within the period above required, and all persons who shall hereafter fail to comply with the provisions of this section shall be, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be, and is declared to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	October 30th 96.
4. Place of Birth, (Street and Number)	1729 Linden Ave
5. Full Name of Mother,	Dora Ottenheimer
6. Mother's Maiden Name,	Elliott
7. Mother's Birthplace,	" Baltimore
8. Full Name of Father,	Reuben M. Ottenheimer
9. Father's Occupation	Cigar Manufacturer
10. Father's Birthplace,	Norfolk Va
Name of Medical Attendant, or other person who makes this Return.	Thomas Poe M.D.
Address,	219 W. Monument St
Remarks,	

8960004548

Wm. J. C. Dulany Co., City Printers and Stationers.

286.]

RETURN OF A BIRTH. 77882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct 30th 1898
4. *Place of Birth, (Street and Number)* Res 419 Pulaski St
5. *Full Name of Mother,* Maggie Meile
6. *Mother's Maiden Name,* Maggie Lenk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Meile
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18960004549

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the attendant in the case, to the Registrar of the district in which the birth occurred, within three days after the birth, and the Registrar shall thereupon issue to the person delivering the same a certificate to that effect. Any physician or practitioner of midwifery, or other person required to report a birth, who shall fail to deliver such schedule within the time above specified, shall forfeit and pay the sum of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every physician or practitioner of midwifery, or other person required to report a birth, who shall fail to deliver such schedule within the time above specified, shall forfeit and pay the sum of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every such schedule shall be delivered, duly signed by the attendant in the case, to the Registrar of the district in which the birth occurred, within three days after the birth, and the Registrar shall thereupon issue to the person delivering the same a certificate to that effect. Any physician or practitioner of midwifery, or other person required to report a birth, who shall fail to deliver such schedule within the time above specified, shall forfeit and pay the sum of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every such schedule shall be delivered, duly signed by the attendant in the case, to the Registrar of the district in which the birth occurred, within three days after the birth, and the Registrar shall thereupon issue to the person delivering the same a certificate to that effect. Any physician or practitioner of midwifery, or other person required to report a birth, who shall fail to deliver such schedule within the time above specified, shall forfeit and pay the sum of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) N
3. *Date of Birth*, Oct 30
4. *Place of Birth*, (*Street and Number*) 70 Hughes St
5. *Full Name of Mother*, Lucia C Neal
6. *Mother's Maiden Name*, " C Lee
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, David C Neal
9. *Father's Occupation* Laborer
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm M Kempson

Address, 412 Scott

Remarks,

1896000045 50

Wm. J. C. Dulany Co., City Printers and Stationers.

shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at the birth of such child, then the person or persons upon whom the duty of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and duty such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

286.]

RETURN OF A BIRTH. 77884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 30 th 1896
4. Place of Birth, (Street and Number) No. 512 Frederick Ave
5. Full Name of Mother, Matilda Malstedt
6. Mother's Maiden Name, Matilda Sharf
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Malstedt
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 6 0 0 0 4 5 5 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person in charge of the child to report said birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 30. 96
4. *Place of Birth, (Street and Number)* 5-3 West St Ext
5. *Full Name of Mother,* Lucian Harris
6. *Mother's Maiden Name,* Louisa Lewis
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Lillard
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Orangeburg S. C.

Name of Medical Attendant, or other person who makes this Return, Thos O Williams

Address, 716 Eastern Ave

Remarks,

8960004552

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colord
3. Date of Birth. 810 Mc donough st
4. Place of Birth, (Street and Number) 30 october
5. Full Name of Mother, Elnora cooper
6. Mother's Maiden Name, Elnora dorsy
7. Mother's Birthplace, Saint marys county
8. Full Name of Father, Samel cooper
9. Father's Occupation, labo work
10. Father's Birthplace, Norkford va

Name of Medical Attendant, or other person who makes this Return. Mirica Wright

Address, 814 enso st

Remarks,

+ 8960004553

Every day or each day every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the mother immediately thereafter it shall become the duty of the person or parents of such child to give notice of the birth to the Commissioner of Health, in the manner and within the period above named and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) t. male
2. Race or Color, (if not of the white race) colord
3. Date of Birth, octobe 31
4. Place of Birth, (Street and Number) Durham 1023 st
5. Full Name of Mother, Helen franklin
6. Mother's Maiden Name, Helen burk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Philip S franklin
9. Father's Occupation, driving truck
10. Father's Birthplace, baltimore

Name of Medical Attendant, or other person who makes this Return. Miria Wright

Address, 814 ensor st

Remarks,

1896000455 4

Wm J. C. Dulany Co., City Printers and Stationers.

Every case of birth and every month in the year must be reported to the office of the Commissioner of Health. Let blanks between the first and second dotted lines be filled out by the mother or nurse, and the remainder by the attending physician or midwife. In case the birth of any child shall occur without the attendance of a physician or midwife, then the mother, nurse or other person in attendance upon the mother, immediately thereafter it shall become the duty of the owner or occupier of the premises where such child is born to report its birth to the Commissioner of Health. In the manner and within the period above required, and before the burial of such child, the person required to report the birth of any child as aforesaid, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1896 0004555

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 31st 1896
4. Place of Birth, (Street and Number) S.W. Cor. Orleans & Bethel
5. Full Name of Mother, Martha Grottendieck
6. Mother's Maiden Name, " König
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wm J Grottendieck
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, M. J. Cameron

Address, 425 N Broadway

Remarks.

1896 0004556

Wm. T. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October the 10 1896
4. *Place of Birth, (Street and Number)*	Milington Ave 1422
5. *Full Name of Mother,*	Matilda neumann
6. *Mother's Maiden Name,*	matilda Schonnabeck
7. *Mother's Birthplace,*	Germaney
8. *Full Name of Father,*	Henry neumann
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs D Kelley
Address,	N 1922 Milton Ave
Remarks,	

8960 04557

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall wilfully fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 12 '96
4. Place of Birth, (Street and Number) 1431 Chester St
5. Full Name of Mother, Teresa Baumunger
6. Mother's Maiden Name, Brandel
7. Mother's Birthplace, Germany
8. Full Name of Father, Sigismund Baumunger
9. Father's Occupation Fur Dresser
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks,

8960004558

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the limits of Baltimore City, the person in attendance upon the mother, immediately thereafter, or should no other person be in attendance, then the father or mother of such child, if living in Baltimore City, shall be required to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-20-60

RETURN OF A BIRTH. 77892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Gertrude Deer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10. of October 1896
4. *Place of Birth, (Street and Number)*	837 E. Leadenhall St. Baltimore
5. *Full Name of Mother,*	Maria Deer
6. *Mother's Maiden Name,*	Maria Schultz
7. *Mother's Birthplace,*	Germania
8. *Full Name of Father,*	William Deer
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Germania
Name of Medical Attendant, or other person who makes this Return,	Miss Minnich
Address.	800 Leadenhall Street
Remarks,	

1896000455 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and the shall occur without the attendance of a physician or practioner of midwifery, or should no birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report in writing the birth of such child to the Commissioner of Health, the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th of October 96
4. Place of Birth, (Street and Number) 534 Frederick Road
5. Full Name of Mother, Mary Lorenz
6. Mother's Maiden Name, Mary Bauer
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul Lorenz
9. Father's Occupation Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kessler midwife

Address, 216 W Pratt St

Remarks,

8960004560

Every birth occurring within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the occurrence of such birth, by the physician in attendance, and in case there is no physician in attendance, then by the midwife, nurse, parent, householder, or other person having knowledge of the facts, and in case the birth occurs in a hospital, asylum, or other institution, then by the superintendent or other officer thereof. Every physician, midwife, nurse, parent, householder, or other person, or superintendent or other officer of any hospital, asylum, or other institution, who shall neglect or refuse to report any birth as required by this section, shall be subject to a penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Every physician in attendance upon a case of birth shall, on or before the third day of each and every month, report to the Commissioner of Health the birth of any child which may have occurred in his practice during the preceding month, and in case there is no physician in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such family in which such birth occurs, to report the same to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 10th October 1896

4. Place of Birth, (Street and Number) No 1213 Chester St

5. Full Name of Mother, Amanna Henrietta Heyde

6. Mother's Maiden Name, Amanna Henrietta Horn

7. Mother's Birthplace, Germany

8. Full Name of Father, William Heyde

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. C. L. Lauer

Address, 1054 Hanford Ave

Remarks, Balt. Md.

1896

8960004561

and whereby shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter to inform the Commissioner of Health of the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th of February 96
4. Place of Birth, (Street and Number) 2201 Christian St
5. Full Name of Mother, Mina Kathmann
6. Mother's Maiden Name, Mina Meier
7. Mother's Birthplace, Germany
8. Full Name of Father, August Kathmann
9. Father's Occupation Cigarmaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keusler Midwife

Address, 2116 W Pratt St.

Remarks,

5960004562

Wm. J. C. Dulany Co., City Printers and Stationers.

And it shall be the duty of the physician or midwife in attendance upon any case of birth, and the father or mother of such child, if there be no physician or midwife in attendance, or if such birth occur without the attendance of a physician or midwife, or should the other person be in attendance upon such mother fail to make such return, then each and every person having charge of any such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 10. (7 M. P.)
4. Place of Birth, (Street and Number) 1215 China Street
5. Full Name of Mother, Emma, Bertha Jung
6. Mother's Maiden Name, Krause,
7. Mother's Birthplace, Basel
8. Full Name of Father, Joseph Carl Jung
9. Father's Occupation Laborer
10. Father's Birthplace, Seidendorf near Lehnaun-Lehlesien Germany

Name of Medical Attendant, or other person who makes this Return, Dran M. Kamm (for the

Address, Mothers Relief Society) 1412 Druid Place,

Remarks,

1896 0004563

Wm. J. C. Dulany Co., City Printers and Stationers.

If schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case no birth of any child shall occur within the period aforesaid, or if the attendance of a physician or practitioner at midwifery, or of the person or persons of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 10. 1896
4. Place of Birth, (Street and Number) 1946 Linden Ave.
5. Full Name of Mother, Mary E. Roche
6. Mother's Maiden Name, Broadbent
7. Mother's Birthplace, Md
8. Full Name of Father, Lowe E. Roche
9. Father's Occupation Clerk
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, G Lane Taneyhill

Address, 1103 Madison Avenue

Remarks,

18960004564

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar of the City of Baltimore will use the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, hereinafter mentioned, for the purpose of receiving returns of births which shall occur within the limits thereof, and it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time herein provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	October 10, 1896.
4. Place of Birth, (Street and Number)	718 Roland ave.
5. Full Name of Mother,	Maggie Stockesdale.
6. Mother's Maiden Name,	Oliver.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Harry Carroll Stockesdale.
9. Father's Occupation	Merchant.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. R. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

8960004565

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 10, 1896
4. Place of Birth, (Street and Number) 17 Stafford St
5. Full Name of Mother, Mary S. Kaufman
6. Mother's Maiden Name, Mary S. Linder
7. Mother's Birthplace, Gaithersburg Md
8. Full Name of Father, Charles Ray Kaufman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, J. D. Mullinix M.D.

Address, Frederick & Augusta Ave

Remarks,

8960004566

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty.—Any person required by the provisions of this section to report the birth of any child who shall neglect or refuse to make such report within the time prescribed, or who shall report any false information relative thereto, or who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 77900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 October 1896
4. Place of Birth, (Street and Number) 721 Lancaster St
5. Full Name of Mother, Ella Praich
6. Mother's Maiden Name, Ella Kallert
7. Mother's Birthplace, Baltimor M D
8. Full Name of Father, John Praich
9. Father's Occupation Laubr
10. Father's Birthplace, Baltimor M D

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 304 S Washington St

Remarks,

8960004567

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the certificate shall be signed by the nurse in attendance upon the mother, immediately thereafter. It shall become the duty of any other person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 11th Oct 96
4. Place of Birth, (Street and Number) 1118 Riverside Ave
5. Full Name of Mother, Elizabeth Dougherty
6. Mother's Maiden Name, " Platt
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Jno F Dougherty
9. Father's Occupation Machinist
10. Father's Birthplace, Somerset Co

Name of Medical Attendant, or other person who makes this Return, Chas E Yearsley

Address, 650 E Fort Ave

Remarks,

+ 8 9 6 0 0 0 4 5 6 8

third day of each and every month to the office of the Commissioner of Health. In case a child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Twins Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 11 — 1896

4. Place of Birth, (Street and Number) 920 Brown St.

5. Full Name of Mother, Kate E. Linker

6. Mother's Maiden Name, Rutter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Paul W. Linker

9. Father's Occupation Dyer & Scourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St

Remarks,

1896 0004569

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall sign a certificate in the form of a certificate hereinafter prescribed, and shall deliver the same to the Commissioner of Health, should no other person, who shall be entitled to do so, make such delivery within the time hereinafter limited, and within the period of each and every month to the office of the Commissioner of Health, there to be registered, and shall report its birth to the Commissioner of Health, who shall comply with the provisions of this section shall be subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 11 — 1896
4. Place of Birth, (Street and Number) 1123 Granby St.
5. Full Name of Mother, Mary Brand
6. Mother's Maiden Name, Goldenstroh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Friedrich Brand
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Pratt St.

Remarks,

8960004570

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of such child occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall report the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 11 October
4. Place of Birth, (Street and Number) 1612 Chatsworth St.
5. Full Name of Mother, Emma Müller
6. Mother's Maiden Name, " Hölzer
7. Mother's Birthplace, Germany
8. Full Name of Father, Otto Müller
9. Father's Occupation Laber
10. Father's Birthplace, Germinea

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address. 800 Leadenhall Street.

Remarks.

1896 004571

Wm. J. C. Dulany Co., City Printers and Stationers.

...the name and occupation of its parents, the date and place of birth; and the name and residence of the physician or midwife in the form of a certificate between the days and the third day of each and every month of a physician or practioner of midwifery of the person or parents of such child shall occur without the limits of such city, immediately thereafter. If a child be born and within the period above required, such attendance upon its birth to the Commissioner of Health. In case no physician or midwife attended upon the mother, it shall be the duty of the person or parents of such child or some person present at the birth to report the same to the Commissioner of Health. Any person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 77905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Hebrew
3. Date of Birth, Oct. 12th 1896
4. Place of Birth, (Street and Number) 207 S. Central Ave.
5. Full Name of Mother, Anna Goldberg
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father,
9. Father's Occupation Peddler
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Frank N. Cohen Asst.

Address, 115 W. Lombard St.

Remarks,

8960004572

Wm. J. C. Dulany Co., City Printers and Stationers.

86.]

RETURN OF A BIRTH. 77906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 12th 1896
4. Place of Birth, (Street and Number) 1900 E Fayette Street
5. Full Name of Mother, Mary Geiler
6. Mother's Maiden Name, Mabry Hook
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Geiler
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Koons, Midwife
Address, 1922 E Fayette Street
Remarks,

B 9 6 0 0 0 4 5 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 77907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 October 1896
4. Place of Birth, (Street and Number) 137 W. Henrietta
5. Full Name of Mother, Annie Schmidt
6. Mother's Maiden Name, Wyatt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Schmidt
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Mirah

Address, 800 Leadenhall Street.

Remarks,

1896 U 0045774

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife or other person, only signed by the Practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or other person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the penalty of fifty dollars for failure to comply with the provisions of this section. Any midwife neglecting to make such return as required by the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 77908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 12/96
4. Place of Birth, (Street and Number) 320. S. Madeira St.
5. Full Name of Mother, Maggie Horn
6. Mother's Maiden Name, " Eder
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Horn
9. Father's Occupation Cooper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Langenbacher

Address, 27 S. Washington Place

Remarks,

8 9 6 0 0 0 4 5 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate hereinafter mentioned, at the office of the Registrar of Vital Statistics, Board of Health, within ten days after the birth to which it relates, and the Practitioner who shall neglect to deliver such schedule within the time aforesaid, shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 77909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October the 12 th 1896
4. *Place of Birth, (Street and Number)*	Wilkins Ave No 2032
5. *Full Name of Mother,*	Curthey J ward
6. *Mother's Maiden Name,*	Curthey J Dixon
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Nelson Ward
9. *Father's Occupation*	Collector
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mr D Kelley
Address,	No 1922 Wilkins Ave
Remarks,	

8960004576

Wm. J. C. Dulany Co., City Printers and Stationers.

286.]

RETURN OF A BIRTH. 77910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 4th 12-18-96
4. Place of Birth, (Street and Number) Wilkins Ave near 21-10
5. Full Name of Mother, Sadie Belt
6. Mother's Maiden Name, Sadie McKinsey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Francis P Belt
9. Father's Occupation Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S. Kelley

Address, No 1122 Wilkins Ave

Remarks,

8960004577

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring in Baltimore City shall be reported, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case there is no practitioner in attendance upon the mother, immediately after the birth, the certificate shall be signed by the householder or some other person in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and such householder or person in attendance upon the mother shall be required to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such householder or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 12 - 1896
4. Place of Birth, (Street and Number) 1752 Madison St.
5. Full Name of Mother, Mary Lilly Green
6. Mother's Maiden Name, Pierce
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Thomas Green
9. Father's Occupation Worker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1421 E. Fait Ave.

Remarks,

8960004578

third day of each and every month to the office of the Commissioner of Health. In case the birth of such child occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[230]

RETURN OF A BIRTH. 77912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6,

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 12, 1896.
4. Place of Birth, (Street and Number) 276 Hickory ave.
5. Full Name of Mother, Alice May Cadopp.
6. Mother's Maiden Name, Habitt.
7. Mother's Birthplace, Md.
8. Full Name of Father, George Henry Canopp.
9. Father's Occupation Woodsman.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks.

8960004579

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person with whom the mother resides to report the birth to the Commissioner of Health, in the manner and form above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

1286.]

RETURN OF A BIRTH. 77913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 12-18-96
4. Place of Birth, (Street and Number) Eagle St No 2124
5. Full Name of Mother, Emmeny Krautzahn
6. Mother's Maiden Name, Emmeny Opench
7. Mother's Birthplace, Prince Georges Co. Md
8. Full Name of Father, Foster Krautzahn
9. Father's Occupation Clerk
10. Father's Birthplace, Frederick Co. Md

Name of Medical Attendant, or other person who makes this Return Mrs E Kelly

Address, No 1922 Wilkins Ave

Remarks,

1 8 9 6 0 0 0 4 5 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...and schedule shall be delivered, duly signed by the practitioner in the form of certificate hereinbefore set forth, and every midwife who shall omit to deliver such schedule to the practitioner in attendance upon the mother, immediately after the birth of the child, or to the Commissioner of Health, in the manner and within the period above specified, and every person or persons who shall hereafter fail to comply with the provisions of this section shall, for each and every such offence, be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[336]

RETURN OF A BIRTH. 77914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 12, 1896.
4. Place of Birth, (Street and Number) 3422 Elm ave.
5. Full Name of Mother, Lillian May Arnigen.
6. Mother's Maiden Name, Kahn.
7. Mother's Birthplace, Md.
8. Full Name of Father, Charles Wesley Arnigen.
9. Father's Occupation, Cotton mill operative.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8960004581

Wm. J. C. Dulany Co., City Printers and Stationers.

The Undertaker shall not be delivered, duly signed by the practitioner in charge, the date and place of birth; and the Undertaker shall deliver such certificate to the Registrar of Vital Statistics, at the time of the burial. The Registrar shall deliver with the certificate of burial a blank certificate of birth of any child of each and every month to the office of the Commissioner of Health. In case there is no attendance upon the mother during her confinement, or in case of midwifery, or should no other person report the birth of any child attendance upon the mother during her confinement, or in case of midwifery, or should no other person report the birth of any child as required by law, the Undertaker shall become the duty of the person or parents of such child to report his birth to the Commissioner of Health, in manner and form as above required, and before the burial of such child. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth. Dec 12 1896
4. Place of Birth, (Street and Number) 816 S Pulaski St
5. Full Name of Mother. Mrs Ida Elmore Brooks
6. Mother's Maiden Name. " "
7. Mother's Birthplace. Md
8. Full Name of Father, Phillip B Brooks
9. Father's Occupation Carpenter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. E. B. Lewis

Address, 1 N Carey St.

Remarks,

896000 4582

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the first and attendance of a physician or midwife, or should no other person be in attendance without the mother, immediately thereafter it shall be the duty of such physician or midwife to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, [illegible] 13 1906
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, Ada [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, [illegible]

8960004583

Wm. J. C. Dulany Co., City Printers and Stationers.

said petition shall be delivered, duly signed by the petitioner in the form of a certificate between the first and third day of each month to the Commissioner of Health. In case the birth of any person shall occur upon the mother's premises or first become the duty of the person above required, and shall cease upon the mother's removal or death, or the completion of the first month after birth, whichever shall first occur, it shall become the duty of any other person who shall attend upon the mother thereafter, in the manner and within the time above required, and fail to report the birth to the Commissioner of Health, to comply with the provisions of this section. And any such person or persons who shall hereafter offend, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1286.]

said schedule shall be delivered [illegible] the full name and occupation of its parents, the date and place of birth, if any shall have; and the third day of each and every month to the office of the Commissioner of Health, duly signed by the practitioner in the form of a certificate between the first and [illegible]. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 13/96
4. *Place of Birth, (Street and Number)* 216 N. Caroline St.
5. *Full Name of Mother,* Martha Schirman
6. *Mother's Maiden Name,* " Fischer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Bernhard Schirman
9. *Father's Occupation* Cigarm.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Leisenhofer

Address, 241 S. Washington St.

Remarks,

8960004584

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. Oct 15. 8
4. Place of Birth, (Street and Number) 817 Eastern Ave
5. Full Name of Mother. Virginia C Spicer
6. Mother's Maiden Name. — — Beam
7. Mother's Birthplace. Maryland
8. Full Name of Father. Clarence E. Spicer
9. Father's Occupation. Fireman
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. William Ford M.D.

Address. 1310 N. Lafayette Ave.

Remarks. 8960004585

Rule 23. It is hereby made the duty of every physician, midwife or other person having charge of a case of birth, and the parents or guardians of the child, to report to the Commissioner of Health the birth of such child within ten days after the birth shall occur, and if the parents or guardians of such child or the physician, midwife or other person having charge of the case shall fail to report the birth of such child as herein required, or shall refuse to furnish the information required by the Commissioner of Health, in the manner and within the period above required, such parents or guardians, physician, midwife or other person shall become liable to a penalty of ten dollars for each offence, and the same may be recovered in the name of the Mayor and City Council of Baltimore, before any justice of the peace, and the fines and forfeitures when collected shall be paid into the treasury of the City of Baltimore. Blank forms for the return of births will be furnished on application at the office of the Commissioner of Health. It shall be the duty of the person or parents of each child born without the attendance of a physician to report the birth of such child within ten days after the birth shall occur, and if such attendance upon the mother, the midwife or other person having charge of the case shall become the duty of the person or parents of such child to report the birth of such child as herein required, or shall refuse to furnish the information required by the Commissioner of Health, in the manner and within the period above required, such parents or guardians, physician, midwife or other person shall hereafter fail to comply with the provisions of this section, shall be subjected to the penalties and forfeitures above prescribed. All penalties and forfeitures are recoverable as herein provided, and when collected shall be paid into the treasury of the City of Baltimore. Blank forms for the return of births will be furnished on application at the office of the Commissioner of Health. It shall be the duty of the person or parents of each child born without the attendance of a physician to report the birth of such child within ten days after the birth shall occur, and if such attendance upon the mother, the midwife or other person having charge of the case shall become the duty of the person or parents of such child to report the birth of such child as herein required, or shall refuse to furnish the information required by the Commissioner of Health, in the manner and within the period above required, such parents or guardians, physician, midwife or other person shall hereafter fail to comply with the provisions of this section, shall be subjected to the penalties and forfeitures above prescribed. All penalties and forfeitures are recoverable as herein provided, and when collected shall be paid into the treasury of the City of Baltimore. Blank forms for the return of births will be furnished on application at the office of the Commissioner of Health. It shall be the duty of the person or parents of each child born without the attendance of a physician to report the birth of such child within ten days after the birth shall occur, and if such attendance upon the mother, the midwife or other person having charge of the case shall become the duty of the person or parents of such child to report the birth of such child as herein required, or shall refuse to furnish the information required by the Commissioner of Health, in the manner and within the period above required, such parents or guardians, physician, midwife or other person shall hereafter fail to comply with the provisions of this section, shall be subjected to the penalties and forfeitures above prescribed. All penalties and forfeitures are recoverable as herein provided, and when collected shall be paid into the treasury of the City of Baltimore.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 13 '26
4. Place of Birth, (Street and Number) 809 Stirling St
5. Full Name of Mother, Lena Eisenmann
6. Mother's Maiden Name, " Betz
7. Mother's Birthplace, Balto Md
8. Full Name of Father, J. H. Eisenmann
9. Father's Occupation Collector
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St

Remarks.

8960004586

third day of each and every month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child, or in the absence of the parent or parents, the nurse in attendance, to report the birth as herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 77920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 3. 1916.
4. Place of Birth, (Street and Number) 2110 Bank St.
5. Full Name of Mother, Ida Pickett
6. Mother's Maiden Name, " Files
7. Mother's Birthplace, Balto.
8. Full Name of Father, Arthur Pickett
9. Father's Occupation Stevendore
10. Father's Birthplace, W. Virginia

Name of Medical Attendant, or other person who makes this Return, Wm. Heisenhofer

Address, 241. S. Washington Ave.

Remarks,

8960 04587

Said schedule shall be delivered, duly signed by the person in attendance upon the mother, to the parents, the date and place of birth; and the child's sex; and every such person in attendance upon the mother, immediately thereafter, shall report the birth to the Commissioner in the form of a certificate between the first and third days of each month, stating the name and residence of the person or persons in attendance upon the mother, immediately thereafter, and the number of births at which he or she was present since the date of his or her last report; and if there was no birth at which he or she was present, he or she shall report that fact. Every person who shall, without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter, fail to report the birth of any child to the Commissioner at the time and in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st,* ~~2d, 3d, &c.~~)

1. *Sex,* (~~*state whether male or female*~~)
2. *Race or Color,* (~~*if not of the*~~ *white race*)
3. *Date of Birth,* October 13th. 1896
4. *Place of Birth,* (*Street and Number*) 410 Hoffman Street, West.
5. *Full Name of Mother,* Minnie Margaret McGinnis
6. *Mother's Maiden Name,* Minnie M. Mosley.
7. *Mother's Birthplace,* Annapolis
8. *Full Name of Father,* William Hill McGinnis
9. *Father's Occupation* Railroader
10. *Father's Birthplace,* Lynchburg. Virginia

Name of Medical Attendant, or other person who makes this Return. W. Magdalen Warner M.D.

Address, 410 Hoffman Street, West.

Remarks,

8960004588

third day of each and every month to the office of the Commissioner of Health. In case the birth or death shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to comply with the requirements of this section, and the return specified above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 77922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 13/96
4. Place of Birth, (Street and Number) 243 S. Madeira St.
5. Full Name of Mother, Barbara Kleinert
6. Mother's Maiden Name, " Fürst
7. Mother's Birthplace, Balto.
8. Full Name of Father, Adolph Kleinert
9. Father's Occupation Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 241 S. Washington St.

Remarks,

8960004589

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13 Oct.
4. *Place of Birth, (Street and Number)* 312 W. Hoffman St.
5. *Full Name of Mother,* Emilie Wintz
6. *Mother's Maiden Name,* Emilie Kapp
7. *Mother's Birthplace,* Vienna (Austria)
8. *Full Name of Father,* Edward Wintz
9. *Father's Occupation* Cook.
10. *Father's Birthplace,* Strasburg. (Alsace-Lorraine)

Name of Medical Attendant, or other person who makes this Return, Maria Schrauth.

Address, 312 W. Hoffman Street. Baltimore (Md.)

Remarks,

B 4 6 0 0 0 0 4 5 9 0

third day of each and every month, to the office of the Commissioner of Health, a certificate between the first and the shall occur without the attendance of a physician or practitioner of midwifery, or should no birth of any child attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons present at the child, to report the birth to the Commissioner of Health, in the manner required by this section within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7792X

GIVEN NAME ADDED 1-24-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Elizabeth Bennett

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 14th 1896
4. Place of Birth, (Street and Number) 204 Gought St.
5. Full Name of Mother, Ida Reall Bennett
6. Mother's Maiden Name, Ida Reall Roycroft.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James B. Bennett
9. Father's Occupation Soldier
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Scraggy.

Address, 2223 Bank St. City

Remarks,

8960 04591

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if the parent or other person in attendance upon the mother, immediately after the birth of the child, or the parents of such child to report to the Commissioner of Health, in the manner and within the period above required, and every such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 14 (10. 15. P. M.)
4. Place of Birth, (Street and Number) 2020 Olive Street
5. Full Name of Mother, Maggie Louise Gottlieb
6. Mother's Maiden Name, Eckly.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Peter Gottlieb
9. Father's Occupation Baker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. M. Kamm for the

Address, Mothers Relief Society 1412 Eutaw Place

Remarks,

8960004592

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health, a certificate of such birth, stating the time and place of birth, and such other particulars as may be required by the Commissioner of Health, on the blank form which shall be furnished from his office. Every midwife who shall assist at a birth, and every person who shall have charge of any child after birth, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and in case there is no midwife in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and every person who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 77926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 14/96
4. Place of Birth, (Street and Number) 236. S. Duncan Alley
5. Full Name of Mother, Sophie Goetz
6. Mother's Maiden Name, " Buck
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph Goetz
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dessinberger

Address, 241. S. Washington St.

Remarks,

8460004593

Wm. J. C. Dulany Co., City Printers and Stationers.

The name and occupation of the parents, the date and place of birth and the sex and color of each and every child born alive in the City of Baltimore, shall be reported to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month, by the physician or midwife in attendance upon the mother, immediately thereafter. It shall become the duty of the person in attendance at any birth occurring after the expiration of the period above required, and without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, at the time and in the manner above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 14th Oct 96

4. Place of Birth, (Street and Number) 650 E. Fort Ave

5. Full Name of Mother, Kate Johnson

6. Mother's Maiden Name, Anderson

7. Mother's Birthplace, Balto

8. Full Name of Father, Julius Johnson

9. Father's Occupation Laborer

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Thos. E. Yarnall

Address, 650 E. Fort Ave

Remarks,

8 9 6 0 0 0 4 5 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

The ... day of each and every month to the office of the Commissioner of Health. In case the birth of such child occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of a child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 77928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 14th 1896
4. *Place of Birth, (Street and Number)*	2024 Orleans Street
5. *Full Name of Mother,*	Laurine Lachert
6. *Mother's Maiden Name,*	Laurine Owens
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Bruno Lachert
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs H Bayer Midwife
Address,	1922 E Fayette Street
Remarks,	

+ 5960004595

third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the mother, immediately thereafter, it shall become the duty of the person in whose house or on whose premises such birth shall occur, to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 14. 1896.
4. Place of Birth, (Street and Number) 611 Frederick Ave Ext.
5. Full Name of Mother, Mary E Leath
6. Mother's Maiden Name, Mary E Dwyer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Winfield Leath
9. Father's Occupation Electrician
10. Father's Birthplace, Parkersburg W Va

Name of Medical Attendant, or other person who makes this Return, J. H. Mullen M.D.

Address, Frederick & Augusta Ave

Remarks,

8960004596

Any of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occurr between the first and attendance within twenty-four hours after the birth, he shall report the same to the Commissioner of Health, and in case the birth of any child shall occurr without the attendance of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 17930

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 14, 1896
4. Place of Birth (Street and Number) 616 Hood St.
5. Full Name of Mother Ann McCannis
6. Mother's Maiden Name
7. Mother's Birthplace Ireland
8. Full Name of Father James McCannis
9. Father's Occupation Driver
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. L. D. Ogbourn

Address 1214 Linden Ave

Remarks

8960004597

RETURN OF A BIRTH. 77931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7 15

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) ..... Male
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ... 14th of October 96
4. Place of Birth, (Street and Number) ..... 410 Parish St
5. Full Name of Mother, ... Karolina Knoblauch
6. Mother's Maiden Name, ... Karoline Stieber
7. Mother's Birthplace, ... Germany
8. Full Name of Father, ... Karl Knoblauch
9. Father's Occupation ..... Steinmason
10. Father's Birthplace. ..... Germany

Name of Medical Attendant, or other person who makes this Return, ... Friederike Kesler Midwife

Address, ... 2116 W. Pratt St

Remarks, ...

8960004598

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health, in the manner and within the period of time prescribed by the ordinances of the Mayor and City Council of Baltimore, and the rules and regulations of the Board of Health, and the said practitioner in the form of a certificate the birth of any child which may occur without the attendance of a physician or practitioner, the duty of making such return shall devolve upon the parent or parents of such child, if living and residing in the house where the birth occurred, and in case there be no parent living and residing in such house, then upon the person having charge of such house; and in case the birth occurs elsewhere than in a house, then upon the person in attendance upon the mother, immediately after the birth, in the manner and within the period of time above prescribed. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th of October 96
4. Place of Birth, (Street and Number) 1904 Lemon St
5. Full Name of Mother, Mage Meijer
6. Mother's Maiden Name, Mage Mentz
7. Mother's Birthplace, Germany
8. Full Name of Father, Carl A. Meijer
9. Father's Occupation Laber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler midwife

Address, 2116 N Pratt St

Remarks,

8960004599

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be either the person in charge of such child or the mother, immediately thereafter, it shall become the duty of the person or persons in charge of such child to report in writing to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15th of October 96
4. *Place of Birth, (Street and Number)*	1414 W Pratt St
5. *Full Name of Mother,*	Ema Bramund
6. *Mother's Maiden Name,*	Ema Schwenk
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Albert Bramund
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler midwife
Address,	2116 W Pratt St
Remarks,	

8960004600

Wm. J. C. Dulany Co., City Printers and Stationers.

230.]

RETURN OF A BIRTH. 77934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Edith May Hardy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 15th 1896
4. Place of Birth, (Street and Number) Milton Ave. No 2232
5. Full Name of Mother, Dora A Hardy
6. Mother's Maiden Name, Dora A Kerr
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James R Hardy
9. Father's Occupation engeneer
10. Father's Birthplace, Baltimore?

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelly

Address, No 1922 Milton Ave

Remarks,

8960004601

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 October 1896
4. Place of Birth, (Street and Number) 327 Washington St
5. Full Name of Mother, Emeli Limpert
6. Mother's Maiden Name, Emeli Lademan
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, John Limpert
9. Father's Occupation Reckorder
10. Father's Birthplace, Baltimor MD

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

8960004602

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate as hereinafter provided, and the birth duly registered, within ten days after the birth, and every such practitioner shall visit and attend every such mother as often as may be necessary during the first month after such birth, and shall make a record of each visit and attendance upon the mother or child, and report the same to the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MIDDLE NAME ADDED 2-4-60

RETURN OF A BIRTH. 77936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Catherine Armstrong

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 15th, 1896.
4. Place of Birth, (Street and Number) 1607 E. Chase St.
5. Full Name of Mother, Eliza L. Armstrong
6. Mother's Maiden Name, Eliza Leaf.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, George Handy Armstrong.
9. Father's Occupation Insurance Agent.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D.

Address, S.W. Cor. Walnut & Preston Sts.

Remarks,

B 9 6 0 0 0 4 6 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Any physician or midwife who shall neglect to report, truly signed by the practitioner in the form of a certificate between the first and third day of each and every month, the births which shall occur without the attendance of a physician, and of which he shall have been in attendance upon the mother, immediately thereafter if shall become the duty of such person to report, to the Commissioner of Health. In the manner and within the period above specified, the birth of any child of which he may be in attendance, and any person who shall neglect or refuse to comply with the Provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

RETURN OF A BIRTH. 77937

GIVEN NAME ADDED 3-28-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Myrtle Edna Arrington 3d.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 15th 1896.
4. Place of Birth, (Street and Number) 1700 W. Fayette St
5. Full Name of Mother, Dolly F. Arrington
6. Mother's Maiden Name, Fuller
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Austin E. Arrington
9. Father's Occupation Mail Carrier
10. Father's Birthplace, Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return, G. W. Slater M.D.

Address, 1700 W. Fayette St.

Remarks, 8960004340

said schedule shall be delivered, duly signed by the Practitioner in the form of which a specimen is hereto annexed, to the Registrar of the district in which the birth of any child shall occur without the assistance of any practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15 Oct.
4. *Place of Birth, (Street and Number)* 2728 Oakland st.
5. *Full Name of Mother,* Anna Pabst.
6. *Mother's Maiden Name,* Ebert.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Charles Pabst
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Liesemann

Address, 2722 Elliott

Remarks,

8960004605

third day of such and every month to the office of the Commissioner of Health. In case a birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, as herein required, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Wht
3. Date of Birth, Oct. 15 1946
4. Place of Birth, (Street and Number) 1 Butchers Lane
5. Full Name of Mother, Mo Columbus, Gittings
6. Mother's Maiden Name, Margaret Grimes
7. Mother's Birthplace, Montgomery Co. Md.
8. Full Name of Father, Columbus Gittings
9. Father's Occupation Motorman
10. Father's Birthplace, Montgomery Co. Md.

Name of Medical Attendant, or other person who makes this Return, C. L. Smith M.D.

Address, 2539 Penna. Ave.

Remarks.

8960004606

said schedule shall be delivered, duly signed by the [illegible] to the Commissioner of Health or [illegible] and the said schedule shall be delivered, duly signed by the attendant or practitioner in the form of a certificate, to the Commissioner of Health or [illegible] every month to the office or practitioner of the person in the city of the person, and [illegible] third day of each month thereafter. It shall be the duty of the person in charge of such [illegible] attendance of a physician or midwife, to report the birth of any child [illegible] shall occur upon the mother's premises, to the Commissioner of Health or [illegible] manner and within the time above required, and [illegible] Commissioner of Health to comply with the provisions of this section shall be [illegible] child to report its birth as herein required, shall be guilty of a misdemeanor, and [illegible] any such person or persons who shall hereafter offend, to be recovered as other fines and forfeitures are recoverable [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 77940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Oct 4 - 1896
4. Place of Birth, (Street and Number) 1756 Wagner Ct
5. Full Name of Mother, Lena Lancaster
6. Mother's Maiden Name, Lena Johnson
7. Mother's Birthplace, Maryland
8. Full Name of Father, Eugene Lancaster
9. Father's Occupation Cook at Hotel Rennert
10. Father's Birthplace, St Mary's Co. Md

Name of Medical Attendant, or other person who makes this Return, Dr Hamilton Bowley M.D.

Address, 30 E Lee St.

Remarks, Pre Arranged Delivery

1 8960004607

said schedule shall be delivered. Only signed by the attendant or midwife, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case no birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any child die before a return of birth shall be made, the midwife, immediately thereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

DUPLICATE

RETURN OF A BIRTH. 77940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 10-4-96
4. Place of Birth, (Street and Number) 25 7 Fasche st
5. Full Name of Mother, Lena Lancaster
6. Mother's Maiden Name, Johnson
7. Mother's Birthplace, Bolts
8. Full Name of Father, George Lancaster.
9. Father's Occupation, Hotel Cook.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Jane Cutler

Address, 208 Hurst ave

Remarks, necessary to apply "Caesarean" method to facilitate birth by Child coming head first.

8960-046088

Had Measles when small

Rev. J. C. DULANY & CO., CITY PRINTING AND STATIONERS.

RETURN OF A BIRTH. 77941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 11th 1896

4. Place of Birth, (Street and Number) 1916 Hanover pl.

5. Full Name of Mother, Emma E. Downey

6. Mother's Maiden Name, " " Jenkins

7. Mother's Birthplace, Harper's Ferry, Md.

8. Full Name of Father, William D. Downey

9. Father's Occupation Engineer

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Rev. C. G. Leicht M.D.

Address, 1858 Division Ave.

Remarks,

8960004609

third day of each and every month to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, at the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the birth, the mother of such child, if able to write, shall immediately thereafter, it shall become the duty of the person who shall receive the information of such birth to the Commissioner of Health, to supply the particulars required, and all the requirements of this section shall be complied with by the person upon whom the duty of complying with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.)

RETURN OF A BIRTH. 71942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 October 1894
4. *Place of Birth, (Street and Number)* 186 S Eutaw
5. *Full Name of Mother,* Lena Heiser
6. *Mother's Maiden Name,* Bowes
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Herman Heiser
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other person who makes this Return, E. Schessman

Address, 72 Albemarle St

Remarks,

8960004610

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then the parent or other person in charge of such child shall report the same to the Commissioner of Health, in the manner and within the period above required, after attendance upon the mother, immediately thereafter it shall become the duty of the parent or other person in charge of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 77943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 October 1896
4. Place of Birth, (Street and Number) 818 E. Lombard St
5. Full Name of Mother, Fitle Fine
6. Mother's Maiden Name, Kowalsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Philip Fine
9. Father's Occupation Cigar maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. S. Sherman

Address, 42 Albemarle

Remarks,

8960004611

Every person who shall be present at the birth of any child, and the attending physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence or attendance of either physician or midwife, it shall become the duty of the person or persons in whose house or on whose premises such birth shall occur, or of the nearest relative present, or of the attendant nearest the mother immediately thereafter to report to the Commissioner of Health, in the manner and within the period above required, the birth of such child, and the sex, color and parentage of such child, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 16th, 1896
4. Place of Birth, (Street and Number) 410 Hoffman Street, West
5. Full Name of Mother, Helen Rebecca Lee
6. Mother's Maiden Name, Helen Rebecca Lee
7. Mother's Birthplace, Anne Arundle Co. Md.
8. Full Name of Father, Clyde Larrimore
9. Father's Occupation Farmer
10. Father's Birthplace, Baltimore County, Md

Name of Medical Attendant, or other person who makes this Return, W. Magdalene Warner M. D.

Address,

Remarks,

† 8960004612

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 77 945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 16-26
4. Place of Birth, (Street and Number) 1825 E Biddle
5. Full Name of Mother, Cecilia V. Neumeyer
6. Mother's Maiden Name, " Allen
7. Mother's Birthplace, Balto
8. Full Name of Father, Fred W. Neumeyer
9. Father's Occupation, Silversmith
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary D. Allen

Address, 1738 W Baid St

Remarks,

5 9 6 0 0 0 4 6 1 3

birth of any child shall occur without the attendance of a physician or midwife, to the best of his or her knowledge and belief, the name of the mother of such child, the sex of such child, and the precise time and place of birth, and within what period the certificate required by this section will be forthcoming. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person having charge of the premises where such birth occurs, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 77946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 19 96.
4. Place of Birth, (Street and Number) 1026 W Watcoat St
5. Full Name of Mother, Bessie Elliott
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John W Elliott
9. Father's Occupation Lorbman?
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Hester Cotanese

Address, 507 W Preston St

Remarks,

8960004614

The ... day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner on the day of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th of Oct 1896
4. Place of Birth. (Street and Number) Baltimore Md 702 S Strieker St.
5. Full Name of Mother, Theresa Powell.
6. Mother's Maiden Name, " Clark.
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Powell.
9. Father's Occupation, Later.
10. Father's Birthplace, Germany

Name of Medical Attendant or other person who makes this Return, Mrs Mary Kraning

Address, 414 S Strieker St. Baltimore Md

Remarks, Mother and Child are doing well

8960004615

third day of each and every month to the office of the Commissioner of Health, at the City Hall, and the same shall be recorded in a book to be kept for that purpose. And it shall be the duty of the person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16th of Oct.
4. Place of Birth, (Street and Number) 911 Lurley St
5. Full Name of Mother, Mary Woolford
6. Mother's Maiden Name, Mary Stopfe
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Woolford
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Harry L. Swayne

Address, 921 Lee ave So

Remarks,

8960004616

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 of Oct
4. Place of Birth, (Street and Number) 238 Fait Ave
5. Full Name of Mother, Gusta Strynagel
6. Mother's Maiden Name, Gusta Wessner
7. Mother's Birthplace, Germany
8. Full Name of Father, John Strynagel
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary L. Swanne

Address, 821 Canton Av.

Remarks,

5960004617

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 77950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race)
3. Date of Birth, 16 Oct.
4. Place of Birth, (Street and Number) 1104 Bond st.
5. Full Name of Mother, Kati ~~Eich~~ Eich
6. Mother's Maiden Name, Bakat
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Eich.
9. Father's Occupation Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Linsemann.

Address, 2922 Elliott st.

Remarks,

5960004618

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine or midwife, it shall become the duty of the father or mother of such child to report the birth to the Commissioner of Health, immediately thereafter, it shall become the duty of the person or persons in attendance upon the mother at the time of the birth, and within the period above recited, to comply with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77951

GIVEN NAME ADDED 5-17-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Estelle Greenbaum

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 October 1926
4. Place of Birth, (Street and Number) 20 Eastern Ave
5. Full Name of Mother, Rose Greenbaum
6. Mother's Maiden Name, Krasnitzky
7. Mother's Birthplace, Russia
8. Full Name of Father, Max Greenbaum
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. & E. Hospital

Address, 825 Aliceanna St

Remarks,

8 9 0 U 0 0 4 6 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health, Baltimore City, a certificate between the first and third days of each and every month to the office of the Commissioner of Health, Baltimore City, a certificate between the first and shall occur without the attendance of a physician or practitioner on the birth of any child born within the limits of Baltimore City, the parent or parents of such child, or in default of the parent or parents of such child, the householder or the owner of the premises where such birth shall occur without the attendance of a physician or practitioner on the birth of any child born within the limits of Baltimore City, the parent or parents of such child, or in default of the parent or parents of such child to report the birth to the Commissioner of Health. In the event of the neglect or refusal of any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten ($10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 17th 1896
4. *Place of Birth, (Street and Number)*	1840 North Milton ave.
5. *Full Name of Mother,*	Dora Wemer
6. *Mother's Maiden Name,*	" Hess
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Otto. Wemer
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return,	E. G. Schaefer M.D.
Address,	1224 N. North ave.
Remarks,	

8960004620

...shall be the duty of each and every midwife, or physician or practitioner of midwifery, or other person in attendance upon the mother, to report in writing to the Commissioner of Health the birth of any child to which he or she may be in attendance, within ten days after the birth of such child, and in case there be no such attendance, it shall become the duty of the person or persons in charge of the premises where such birth occurs, to report in writing to the Commissioner of Health the birth of such child within ten days after the birth thereof. It shall be the duty of the father, mother, or other person having charge of any child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 1 1896
4. Place of Birth, (Street and Number) 2105 Division St
5. Full Name of Mother, Margaret Kirk
6. Mother's Maiden Name, Feeney
7. Mother's Birthplace, Balto
8. Full Name of Father, Jesse Kirk
9. Father's Occupation P.R. Watchman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Smith

Address, 1830 Bolton St

Remarks,

8960004621

Wm. J. C. Dulany Co., City Printers and Stationers

Every case of birth occurring in the city of Baltimore must be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and residence of its parents, the exact time and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate as above, within five days of such birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 77954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 17/96
4. Place of Birth, (Street and Number) 101. S. Washington Ave.
5. Full Name of Mother, Theresa Andrews
6. Mother's Maiden Name, " Balzer
7. Mother's Birthplace, Balto.
8. Full Name of Father John Andrews
9. Father's Occupation Tailor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bernard Lee

Address, 241. S. Washington Ave.

Remarks,

1 8 9 6 U 0 4 6 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Any midwife, nurse or other person who shall have charge of any case of birth, and any physician who shall attend any case of birth, shall, within five days after such birth, write out a description of its parents, the date and place of birth, and the said midwife, nurse or other person shall duly report to the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parent of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth. 17 Octobre
4. Place of Birth, (Street and Number) 1025 Lommerd st
5. Full Name of Mother, Rose Hattler Gruber
6. Mother's Maiden Name. Hattler
7. Mother's Birthplace, Germ.
8. Full Name of Father, Ludwig Gruber
9. Father's Occupation Taylor
10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 North Eut Ave.

Remarks.

8960004623

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner of Health. In case the child is still born, the first and second certificate must be given to the undertaker, who shall not bury the body of such child without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, such undertaker shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 77956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III (Twins)

1. Sex, (state whether male or female) Boy & Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 17/96
4. Place of Birth, (Street and Number) 230 N. Madeira St.
5. Full Name of Mother, Katharina Knutzen
6. Mother's Maiden Name, L. Lehmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Andrews Knutzen
9. Father's Occupation Laborer
10. Father's Birthplace, Sweden

Name of Medical Attendant, or other person who makes this Return, Wm. Reisenhofer

Address, 241 S. Washington St

Remarks,

8960044624

Wm. J. C. Dulany Co., City Printers and Stationers.

shall schedule shall be delivered, duly signed by the practitioner in the form, the date and place of birth, and the full name, residence and occupation of its parents, to the office of the Registrar of Vitals, on or before the first and third day of each and every month to the office of the Commissioner of Health. In case there is no physician in attendance upon the mother, a midwife or practitioner of midwifery, or should no other person be in attendance upon the mother, the father or mother of the child, if living in the house where the child is born, shall report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336

RETURN OF A BIRTH. 77957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 17, 1896.
4. Place of Birth, (Street and Number) 3034 Cedar ave.
5. Full Name of Mother, Lillian Virginia Foreman.
6. Mother's Maiden Name, Foreman.
7. Mother's Birthplace, Va.
8. Full Name of Father, Jackson Davis Foreman.
9. Father's Occupation, Cotton Mill operative.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Mitchell M.D.

Address, 291 Chestnut ave

Remarks,

1896 00 . 625

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered. duly signed by the parent or parents of such child, or by the occupier of the house in which such birth shall have occurred, within the first ten days of each and every month to the office of the Commissioner of Health. In case the first and third day of each and every month to the office of the Commissioner of Health, in case the first and third days of the month shall fall on Sunday, then the said schedule shall be delivered on the next succeeding day. Any physician or practitioner of midwifery, or should no other person be in attendance upon a mother at the birth of a child, then the occupier of the house in which such birth shall occur, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

388.]

77958

RETURN OF A BIRTH. 77

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Ci

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 October 1893
4. *Place of Birth, (Street and Number)* 922 Eden St.
5. *Full Name of Mother,* Dora Finn
6. *Mother's Maiden Name,* Holzmann
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abe Finn
9. *Father's Occupation* Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Schuerman

Address, 42 Albemarle St

Remarks,

8960004626

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month, duly signed by the practitioner in the form of a certificate between the first and the shall occur without the assistance of a physician or practitioner of midwifery, in case the birth of any child attendance upon the mother, then and in every such case the parent or parents of such child shall report its birth to the Commissioner of Health, and become the duty of the person or persons aforesaid so in default thereof fail to comply within the period aforesaid, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine or fine (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6.]

RETURN OF BIRTH. 77959

NAME ADDED 7-27-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Dora Abel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 8th

4. Place of Birth, (Street and Number) 222 E. Lombard St

5. Full Name of Mother, Tamar Abel

6. Mother's Maiden Name, Katz

7. Mother's Birthplace, Russia

8. Full Name of Father, Ike Abel

9. Father's Occupation Dentist

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Silverstein M.D.

Address, 1 E Lexington St

Remarks,

8960 04627

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (~~state whether~~ male ~~or female~~)*
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth,* October 18th, 1896
4. *Place of Birth, (Street and Number)* 410 Hoffman Street, West
5. *Full Name of Mother,* Carrie Kassow
6. *Mother's Maiden Name,* Carrie Kassow
7. *Mother's Birthplace,* Cecil County, Md.
8. *Full Name of Father,* Edward White
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Cecil County, Md.

Name of Medical Attendant, or other person who makes this Return, M. Magdalene Warner, M.D.

Address, 410 Hoffman Street, West

Remarks,

1 8960004628

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 12 - 1896
4. Place of Birth, (Street and Number) 217 S. Madeira St.
5. Full Name of Mother, Julia West
6. Mother's Maiden Name, Tillman
7. Mother's Birthplace, Dorchester Co Md
8. Full Name of Father, William West
9. Father's Occupation Laborer
10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8960004629

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month of the office of the Commissioner of Health. In case the birth of any such child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the mother, immediately thereafter, is hereby required to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and in any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 18 96.
4. *Place of Birth, (Street and Number)* 15 Belair Ave
5. *Full Name of Mother,* Clara Gossett
6. *Mother's Maiden Name,* Sheppard
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Sheppard Gossett
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Caroline C. Keller

Address, 1625 Madison St

Remarks,

1 8960004630

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required by this section to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 19 1896
4. Place of Birth, (Street and Number) 216 S Castle Street
5. Full Name of Mother, Maggie Toth
6. Mother's Maiden Name, Teresa Nüsslein
7. Mother's Birthplace, Germany
8. Full Name of Father, Valentine Nüsslein
9. Father's Occupation Wheelwright
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo W S Blair

Address,

Remarks,

1896 0004631

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person occupying such house, within the period above required, and any such person failing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 77964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female).*	Male
2. *Race or color, (if not of the white race).*	White
3. *Date of Birth,*	Oct 19th 1896
4. *Place of Birth, (Street and Number)*	5 N. Clement St
5. *Full Name of Mother,*	Louisa J. Meyers
6. *Mother's Maiden Name,*	" Eckardt
7. *Mother's Birthplace,*	Balto City
8. *Fult Name of Father,*	Chas. P. Meyers
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Dr. Lawrence Daniels
Address,	2 S. N. Thomas St
Remarks,	

8960004632

Every midwife and every person other than a physician or practitioner of midwifery, who shall be in attendance upon the birth of any child, shall, within ten days after the birth of such child, report its birth to the office of the Commissioner of Health, and shall comply with the provisions of this section in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

LULANT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 77965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 19- 96

4. Place of Birth, (Street and Number) 1031 N. Gay

5. Full Name of Mother, Sofia Danz

6. Mather's Maiden Name, " Seiss

7. Mother's Birthplace, ~~Germany~~ Balto

8. Full Name af Father, Henry P. Danz

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary A Dewell

Address, 1438 N Bond

Remarks,

57604 04633

Co., City Printers and Stationers.

1236.]

GIVEN NAME ADDED 6-2-55

RETURN OF A BIRTH. 77966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Ethel Nies

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 19/96
4. Place of Birth, (Street and Number) 2413 E. Gaxette Ln.
5. Full Name of Mother, Hanna Nies
6. Mother's Maiden Name, " Niles
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Nies
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Heisenhofer

Address, 241 S. Washington St.

Remarks,

8760 0463 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct. 19 1896
4. Place of Birth, (Street and Number) 222 S Dallas St
5. Full Name of Mother, Anna Woods Gray.
6. Mother's Maiden Name, Anna Woods
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Samuel Gray
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, E. E. Boyle M.D.

Address, 1230 E North ave

Remarks.

18960004635

Third day of each and every month to the office of the Commissioner of Health, Baltimore City, a certificate between the first and third day of each and every month to the office of the Commissioner of Health, Baltimore City, a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child, or person with whom the mother resides, to report the birth within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 77968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 19th 1896
4. *Place of Birth, (Street and Number)*	810 Williams le
5. *Full Name of Mother,*	Mary L. Warfield
6. *Mother's Maiden Name,*	" " Belison
7. *Mother's Birthplace,*	~~Color Maryland~~ Maryland
8. *Full Name of Father,*	C. Alb. Warfield
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	Dr. Lauson H. Barnes
Address,	22 Dr. Norris Ave
Remarks,	

C 9 6 0 0 0 4 6 3 6

Every person who shall neglect to make every return required by this section, within the time prescribed, shall forfeit and pay for every such neglect the sum of five dollars; and every midwife, physician or practitioner of midwifery, who shall neglect to make return of every birth which shall occur within the time prescribed, and every person who shall neglect to make return of any child attended by him or her, shall forfeit and pay for every such neglect the sum of five dollars; and in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, it shall be the duty of the person or persons of such family in which such birth shall occur, and in the absence of such person or persons, it shall be the duty of the mother of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the like penalty for each offence, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 77969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 9th Oct 96

4. Place of Birth, (Street and Number) 1197 Riverside Ave

5. Full Name of Mother, Mary E Stansbury

6. Mother's Maiden Name, " Griffith

7. Mother's Birthplace, Garrett Town Burk Clay Co Va

8. Full Name of Father, Wm J. Stansbury

9. Father's Occupation Laborer

10. Father's Birthplace, Carrollton Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, Chas E Gorsuch

Address, 650 E. Fort Ave

Remarks,

1896000046 37

Wm. J. C. Dulany Co., City Printers and Stationers.

(third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, and in all other cases of such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in attendance upon such birth to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person who shall willfully neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77970

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 19th 1896
4. *Place of Birth (Street and Number)* 312 N Bay St
5. *Full Name of Mother* Mary Ross
6. *Mother's Maiden Name* Mary MacHugh
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Herbert Ross
9. *Father's Occupation* Saloonkeeper
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this return Saml J Beck M.D.

Address 312 N Eutaw St

Remarks

8900004638

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1286.]

RETURN OF A BIRTH. 77971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 October 896
4. Place of Birth, (Street and Number) 18 Friedrick St
5. Full Name of Mother, Mary Josie
6. Mother's Maiden Name, Mary Kasker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Kasker
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E Thompson

Address, 1224 Aisquith St

Remarks,

8960004639

Wm. [illegible] City Printers and Stationers.

This Schedule shall be delivered, duly signed by the practitioner in the form of certificate herein, by the first said day of each and every month to the office of the Commissioner of Health. In case the birth of a child occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the householder shall cause notice of the birth of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 77972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 20th 96.
4. Place of Birth, (Street and Number) Balto University Maternite
5. Full Name of Mother, Annie Kramer
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto city
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Edw C Esslinger M.D.

Address, 1724 E Balto st.

Remarks, Twin

8960004640

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in charge of certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case there is no attendant, or should no other person be in attendance without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother herself shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 20th 96.
4. Place of Birth, (Street and Number) Balto. University Maternity
5. Full Name of Mother, Annie Kramer
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto City
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Edw. C. Esslinger M.D.

Address, 1724 E. Balto St.

Remarks, Twin

8960004641

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each month to the office of the Commissioner of Health. In the case the birth of any child shall occur within one mile of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 77973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 20/96
4. Place of Birth, (Street and Number) 108. Milton Ave.
5. Full Name of Mother, Mary Ford
6. Mother's Maiden Name, L. Scott
7. Mother's Birthplace, England
8. Full Name of Father, Nicolaus Ford
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Heisenbottle

Address, 241. E. Washington St.

Remarks,

1896 0004642

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, at the office of the Commissioner of Health, for the district in which the child was born; and no other person shall have power to grant a burial permit for any child whose birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person have been in attendance upon the mother, until the Commissioner of Health, in like manner and within the period above required, and under the penalties therein named, shall have received the certificate of birth. Every such certificate shall be addressed to the Commissioner of Health, and delivered or mailed to his office, postage paid, and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 77974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Dec 4, 1896
4. Place of Birth, (Street and Number) 705 Portland St
5. Full Name of Mother, Mary Ellen Schaffer
6. Mother's Maiden Name, " " Knight
7. Mother's Birthplace, Balto. City
8. Full Name of Father, John M. Schaffer
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Dr. Lawrence L. Barclay (Asst)

Address, 125 N. Monument St

Remarks,

1 8 9 6 U 0 0 4 6 4 3

...this day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the case to the Commissioner of Health within ten days after the birth, and every such person or parents of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 77975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 October 1896
4. Place of Birth, (Street and Number) 2034 Easter av
5. Full Name of Mother, Mary Hasselhof
6. Mother's Maiden Name, Mary Schneider
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charls Hasselhof
9. Father's Occupation Kabenter Bolster
10. Father's Birthplace. Baltimor Md

Name of Medical Attendant, or other person who makes this Return, Elley Smith

Address, 504 S Washington St

Remarks,

8960004644

Wm. J. C. Dulany Co., City Printers and Stationers.

Certificates shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be required to make such certificate, it shall become the duty of the person occupying the premises where such birth occurs within the period of five days thereafter to report the birth to the Commissioner of Health. In like manner it shall be the duty of every such person to report the birth of each child born on board of any vessel arriving in the port of Baltimore within twenty-four hours after the arrival of such vessel, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20th of Oct 1896

4. Place of Birth, (Street and Number) Baltimore Md 2303 Pennsylvania Ave

5. Full Name of Mother, Maggie L. Schmalski

6. Mother's Maiden Name, " Kraning

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John H. Schmalski

9. Father's Occupation, Barber

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Jess Mary Kraning

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well

5960004645

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 77977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Wh.
3. Date of Birth, Oct. 20/96
4. Place of Birth, (Street and Number) 2506 Dalem St.
5. Full Name of Mother, Mrs David Orrell
6. Mother's Maiden Name, Amelia Snidig
7. Mother's Birthplace, Montgomery Co. Md.
8. Full Name of Father, David Orrell
9. Father's Occupation Motorman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2531 Penna. Ave.

Remarks,

5960004646

said schedule shall be delivered, duly signed by the attendant, to the parents, the date and place of birth and the sex of the child, and the name, residence and occupation of its parents, and the further duty of every such attendant to report the same to the Registrar of Vital Statistics within the first ten days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Registrar of Vital Statistics in the manner and within the time specified; and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 77978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 20 1896
4. Place of Birth, (Street and Number) Milkins Av. 22.40
5. Full Name of Mother, Mary M. Smith
6. Mother's Maiden Name, Mary M. dun
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Smith
9. Father's Occupation yard master
10. Father's Birthplace, Pensylvania

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Milkins Av

Remarks,

8960004647

[illegible] occupation of its parents, the date and place of birth; and the
shall [illegible]cate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-10-57

RETURN OF A BIRTH. 77979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Norman Thomas 1st Marsell
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 20th 96
4. Place of Birth, (Street and Number) 1010 N. Fayette St.
5. Full Name of Mother, Ada B. Morsell
6. Mother's Maiden Name, Ada B. Quigley
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, John T. Morsell
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Hill, M.D.

Address, 1203 N. Fayette St.

Remarks,

8960004648

Wm. J. C. Dulany Co., City Printers and Stationers.

Every case of birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the householder or other person in attendance upon the mother, immediately thereafter it shall become the duty of the said person to report the birth to the Commissioner of Health. In the manner and within the period above required, such person shall present a certificate of birth, and failure on the part of any person required to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 21st 1895
4. Place of Birth, (Street and Number) No 11 Jenkins Lane
5. Full Name of Mother, Elizabeth Kerr
6. Mother's Maiden Name, Elizabeth Cooper
7. Mother's Birthplace, Annapolis
8. Full Name of Father, Isaac Kerr
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Dobkin

Address,

Remarks,

8960004649

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

GIVEN NAME ADDED 4-10-57

RETURN OF A BIRTH. 77981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Laura Goldberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 October 1895
4. Place of Birth, (Street and Number) 134 Front St
5. Full Name of Mother, Cassie Goldberg
6. Mother's Maiden Name, Fishman
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Goldberg
9. Father's Occupation Butcher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Kleinman

Address, 122 Aisquith St

Remarks,

1 8 9 6 0 0 0 4 6 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. Be it further enacted, That the occupation of its parents, the date and place of birth and the birth clerk of each district in Baltimore city, a certificate of birth, and the certificate shall occur within one month from the time of birth, and the attendance upon the mother, if a physician or practitioner of midwifery, or should the birth of any child child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the like penalty for each offence. And any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 October 1894
4. Place of Birth, (Street and Number) 730 Gough St
5. Full Name of Mother, Katrina Snider
6. Mother's Maiden Name, Burk
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick Snider
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, L. F. Shipman

Address, 220 Aisquith St

Remarks,

8960004651.

Wm. J. C. Dulany Co., City Printers and Stationers.

...any of each and every month to the office of the Registrar in the form of a certificate between the first and ... shall occur without the attendance of a physician or practitioner of medicine, he shall become the duty of the person or persons ... attendance upon the mother, immediately thereafter it shall become the duty of the person or persons ... death of such child to report to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 77983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 21, 1896.
4. Place of Birth, (Street and Number) No. 1532 Eighth A.
5. Full Name of Mother, Martha Brown
6. Mother's Maiden Name, Martha Martin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Timothy L. Brown
9. Father's Occupation Huckster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas. A. Colwell M.D.

Address, 1741 Harford ave

Remarks,

8960004652

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person required by this act to report the birth of any child, who shall have said child vaccinated by a physician, or produce satisfactory evidence that the same has been done, within the first year of such child's life, and shall cause such child to be revaccinated within the third year of such child's life, and shall report the fact of such vaccination to the Commissioner of Health, in the manner and within the period above required, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 77984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimcre City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 21, 1896.
4. Place of Birth, (Street and Number) No. 12 Gorsuch ave
5. Full Name of Mother, Apalonia Kness.
6. Mother's Maiden Name, Apalonia Wagner.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Conrad Kness.
9. Father's Occupation Barber.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elsewell M.D.

Address, 1241 Hanford ave

Remarks,

8960004653

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said Health officer shall deliver, duly signed by the Commissioner, a certificate to the effect that such birth has been duly registered, and the fee of fifty cents for such certificate shall be paid by the person requiring the same. Any midwife, or physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner for the City within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race)
3. Date of Birth, 21. Oct.
4. Place of Birth, (Street and Number) 2002. Boston.
5. Full Name of Mother, Agnes Kenwerski
6. Mother's Maiden Name, Jadwiga
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Kenwerski
9. Father's Occupation Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs F. Liebermann

Address, 2922 Elliott st.

Remarks,

8960004654

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwife, or other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

SAFETY FILM KODA

RETURN OF A BIRTH. 77986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 of Oct.
4. Place of Birth, (Street and Number) 223 Hare St
5. Full Name of Mother, Mary Ludewick
6. Mother's Maiden Name, Mary Keys
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Ludewick
9. Father's Occupation Wharf Builder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 2211 Eutaw St.

Remarks,

8960004655

said schedule shall be delivered, duly signed by the practitioner in the form of Certificate A, within ten days after the birth, and every midwife, or other person required by this section to report a birth, shall call once within said ten days at the residence of the mother, if living in the city, and ascertain the sex, color, date and place of birth, and the full name, maiden name, birthplace, occupation of parents, the date and place of birth, and the attendance upon the mother, and shall thereupon fill out a Certificate A, and deliver the same to the person required to report the birth to the Commissioner of Health, in the manner and within the time prescribed in this section. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 77987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 21, 1896.
4. Place of Birth, (Street and Number) 30 Stone Hill.
5. Full Name of Mother, Hannah Catherine Hood.
6. Mother's Maiden Name, White.
7. Mother's Birthplace, Md.
8. Full Name of Father, Holmes Thomas Hood.
9. Father's Occupation Cotton Mill Operative.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Whitehead M.D.

Address, 291 Aliceanna ave.

Remarks,

8960004656

Wm. J. C. Dulany Co., City Printers and Stationers.

said midwife shall be delivered, duly signed by the practitioner in charge of the case, or midwife, as the case may be, a certificate stating the date and place of birth, and the full name, sex, color, and parentage of the child born, which certificate shall be in the form of a blank to be furnished by the Commissioner of Health for that purpose. Such certificate shall be delivered within ten days after the birth, and if the child shall die before the certificate is delivered, the certificate shall state the fact, and the date of death. In case there is no physician or midwife in attendance at the birth, then the certificate shall be made and delivered by the father, mother, householder or other person having knowledge of the facts, and in case the mother shall die before the child is named, the certificate shall be made and delivered as aforesaid, and shall state the fact. Every physician or midwife who shall attend upon the mother during her confinement shall be required to report the birth of each child so attended by him or her, within ten days after such birth, to the Commissioner of Health, in the manner and with the particulars above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1286.]

RETURN OF A BIRTH. 77988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 2/ 1896
4. Place of Birth, (Street and Number) Ramsey st. No. 1426
5. Full Name of Mother, Isabell Dickerson
6. Mother's Maiden Name, Isabell Palmer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel F. Dickerson
9. Father's Occupation Stone cutter
10. Father's Birthplace, Washington D.C. MD

Name of Medical Attendant, or other person who makes this Return, Mrs L Kelly

Address, No 1922 Wilkins Ave

Remarks,

8960004657

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 77989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct. 21- 1896 ~~#25 Little Monument Street~~
4. Place of Birth, (Street and Number) 425 Little Monument Street
5. Full Name of Mother, Rosa Holly
6. Mother's Maiden Name,
7. Mother's Birthplace, Charles County, Md.
8. Full Name of Father, Joseph Holly
9. Father's Occupation, Stevedore
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, M. Magdalene Warner, M.D.

Address, 410 Hoffman Street, West.

Remarks,

896U004658

third day of each and every month. The officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person in attendance upon the mother, immediately thereafter, to report the birth to the Commissioner of Health. In the manner and within the period above required, and child, and the person neglecting to do so shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable. ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 77990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 21st, 1896
4. Place of Birth, (Street and Number) 315 Diamond Street
5. Full Name of Mother, Mary Faggard
6. Mother's Maiden Name,
7. Mother's Birthplace, Virginia
8. Full Name of Father, George Faggard
9. Father's Occupation, General work
10. Father's Birthplace, South Carolina

Name of Medical Attendant, or other person who makes this Return. M. Magdalene Farmer M.D.

Address, 416 Hoffman Street, West.

Remarks,

8960004659

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

...is hereby required, duly signed by the practitioner in the form of a certificate hereinafter prescribed, and the third day of each and every month. Up the office of the Commissioner of Health. In case the birth of first child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifty

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. October 21
4. Place of Birth, (Street and Number) 833 Pine Street
5. Full Name of Mother, Anna G Hicks
6. Mother's Maiden Name, Anna G Mosby
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Richard B Hicks
9. Father's Occupation, Produce Dealer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Hester Gaines

Address, 509 West Preston Street

Remarks,

8960004660

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate of such birth, which shall occur without the attendance of a physician or midwife, and within the first ten days after the birth of any child born with the attendance of a physician or midwife, it shall be the duty of the attending physician or midwife to report such birth to the Commissioner of Health, in the manner and form above provided; and in case the father or mother, immediately after the birth of any child to report such birth to the Commissioner of Health, in the manner and form above provided; and in case the father or mother, immediately after the birth of any child, or in case of the absence of both father and mother, it shall be the duty of the occupant of the house in which any child may be born, to report such birth to the Commissioner of Health, in the manner and form above provided; and in case the father or mother, or any other person required to report the birth of any child, shall refuse or neglect to comply with the provisions of this section, such person shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 2d
4. Place of Birth, (Street and Number) 533 W Preston St
5. Full Name of Mother, Cora E Jordan
6. Mother's Maiden Name, Cora E Labney
7. Mother's Birthplace, Canada
8. Full Name of Father, Samuel Jordan
9. Father's Occupation, Driver
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Hester Eatanto

Address, 609 W Preston Street

Remarks,

5960004661

Wm J C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 77993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Hebrew
3. Date of Birth, Oct. 22nd 1896
4. Place of Birth, (Street and Number) 1019 Low St
5. Full Name of Mother, Sarah Locks
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Locks
9. Father's Occupation Storekeeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Frank H. Copes M.D.

Address, 115 W. Lombard St.

Remarks,

8 9 6 0 0 0 4 6 6 2

Said schedule shall be delivered, duly signed by the informant, to the Registrar of the district in which the birth occurred, within ten days after the birth; and the Registrar shall enter the information in the proper blanks in a certificate between the first and second days of each and every month to the office of the Commissioner of Health. Any person who shall neglect to report the birth of any child within the time and in the manner herein required, or shall make any false report of such birth, or shall refuse to give any information in his power relative thereto, or shall neglect or refuse to attend upon the mother of such child, when required so to do by the person having charge of such child, shall forfeit and pay a penalty of not less than five (5) dollars nor more than fifty (50) dollars; and any midwife or nurse who shall neglect or refuse to report the birth of any child coming under her charge, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 77 994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) Oct 22 nd 1876.
3. Date of Birth, 908 W. Baltimore St.
4. Place of Birth, (Street and Number) Henrietta Krauss.
5. Full Name of Mother, Goebel
6. Mother's Maiden Name, Germany
7. Mother's Birthplace, Louis L. Krauss.
8. Full Name of Father, Merchant. (Iron Furnishing)
9. Father's Occupation Germany
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H. L. Bartlett

Address, 557 W. Lombard St

Remarks,

8960004663

Every case, the full name and occupation of the parents, the age of each child (if any shall have been previously born), the date of birth, and the sex of each child, shall be delivered, duly signed by the practitioner in the form of certificate herein, and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate herein, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the person or parents of such child is required to report the same within the period above mentioned to the Registrar, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1336.]

RETURN OF A BIRTH. 77995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 22/96
4. *Place of Birth, (Street and Number)* Canton Ave. 3212
5. *Full Name of Mother,* Augusta Groth
6. *Mother's Maiden Name,* Koenig
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Groth
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Weisenhofer

Address, 241. S. Washington St.

Remarks,

B 96 0004664

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate here with the first and the third day of each month next after the birth, and the certificate shall contain the information required by said schedule touching the particulars of such birth, and the attendance upon the mother, immediately thereafter. It shall become the duty of the father or parent of such child, or in case the father is dead, or absent from the city, or should no other person be in attendance upon the mother, the nurse in attendance upon the mother shall report the birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or nurse who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 22 1896
4. Place of Birth, (Street and Number) 213 S Exeter St.
5. Full Name of Mother, Mollie Jockel
6. Mother's Maiden Name, Kenny
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Jockel
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Oath St

Remarks,

8960004665

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 2 of Ordinance No. 2, City, Signed by the Practitioner in the form of a certificate hereinafter prescribed, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child, or in case they be absent from the house, of the nurse, within five days after the birth of such child, to report the same to the Commissioner of Health. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 22 — 1896
4. Place of Birth, (Street and Number) 1429 Eastern Ave.
5. Full Name of Mother, Lizzie Pulgris
6. Mother's Maiden Name, Leit
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Nikolas Pulgris
9. Father's Occupation Fireman
10. Father's Birthplace, Greece

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1429 E. Fort Ave.

Remarks,

8960004666

Wm. J. C. Dulany Co., City Printers and Stationers.

Any Parent or Parents, Guardian or Guardians, Head of Family, Physician, Midwife, or other person having charge of any child born in the City of Baltimore, shall, within ten days after the birth of such child, report its birth to the Commissioner of Health, in the manner and within the time prescribed by the Board of Health, and any such person who shall neglect or fail to comply with the provisions of this section shall be liable to the fine of ten dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 77998

GIVEN NAME ADDED 11-2-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Flora Krulewitch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22nd October 1896
4. Place of Birth, (Street and Number) 618 E. Lombard St
5. Full Name of Mother, Cesar Krulewitch
6. Mother's Maiden Name, Green
7. Mother's Birthplace, Russia
8. Full Name of Father, Benjamin Krulewitch
9. Father's Occupation Store keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Klemansen

Address, 72 Albemarle St

Remarks,

8960004667

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, or other person who shall assist at the birth of any child, shall, within ten days thereafter, report the same to the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons in whose house or on whose premises such birth shall occur, within ten days thereafter, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth Child

1. Sex, (state whether male or female) Femal
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 23 Oct
4. Place of Birth, (Street and Number) 1812 Aiyale ave.
5. Full Name of Mother, Louise Mann
6. Mother's Maiden Name, Louise Lew
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Mann
9. Father's Occupation Driver
10. Father's Birthplace, Wassa Russells

Name of Medical Attendant, or other person who makes this Return, Hester Cotanda

Address, 509 West Preston St

Remarks,

18960004668

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, such attendance upon the mother, immediately thereafter, as in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Oct 23rd
4. Place of Birth, (Street and Number) 430 N. Register ST.
5. Full Name of Mother, Clara McPherson
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Abby Stewart
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin

Address,

Remarks, ~~[illegible]~~ ~~[illegible]~~

1896 0004669

Wm. J. C. Dulany Co., City Printers and Stationers.

Each case of shall be delivered duly signed by the certificate in person, he date and place of birth and the attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in any such rule or regulation. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-9-40

RETURN OF A BIRTH. 78001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wilbur Clifton Harrer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), 8 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 23/96
4. Place of Birth, (Street and Number) No 227 Caroline St.
5. Full Name of Mother, Mary Harrer
6. Mother's Maiden Name, Reges
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Harrer
9. Father's Occupation, Fireman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, No 1907 E. Monument St.

Remarks,

8460004670

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur while the mother is temporarily absent from home, the father or other person in attendance upon the mother, immediately thereafter it shall become and be his duty to report said birth and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 23/96

4. Place of Birth, (Street and Number) N° 715 N Gilmor St

5. Full Name of Mother, Anna Miller

6. Mother's Maiden Name, Gehring

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Conrad Miller

9. Father's Occupation, Contractor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno L Foss

Address, N° 1907 E Monument St

Remarks,

8960004671

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month, on the blanks furnished by the Commissioner of Health, and the same place of birth; and the shall occur without the attendance of a physician or midwife, or should no other person be in any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 23th 1896.
4. Place of Birth, (Street and Number) 918 Canton Ave
5. Full Name of Mother, Rosa Kalkenberg
6. Mother's Maiden Name, Rosa Krogior.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Kalkenberg
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Peregoy

Address, 1225 E Bank St. City

Remarks,

8960004672

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the limits of the city, the parent or other person required to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the said no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall wilfully refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Oct 23 - 96

4. *Place of Birth, (Street and Number)* 2219 Mura St

5. *Full Name of Mother,* Maggie Little

6. *Mother's Maiden Name,* Belger

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Wm L. Little

9. *Father's Occupation,* Baker

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary A. Allwell

Address, 1738 N Bond St

Remarks,

L-8960004673

Certificate between the first and third day of each and every month to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. Every Physician or Midwife who shall neglect to report in form as herein required, the birth of any child shall forfeit and pay for each offense the sum of ten (10) dollars, and every person required by this section to report the birth of any child who shall neglect to do so within the time herein specified, shall forfeit and pay for each offense the sum of ten (10) dollars.

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 23/96
4. *Place of Birth, (Street and Number)* 1128 Strieffen Pl
5. *Full Name of Mother,* Annie Krug
6. *Mother's Maiden Name,* Koch
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Krug
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diedenhofen

Address, 241 S. Washington Ave

Remarks,

8 9 6 0 0 0 4 6 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case no birth shall occur without the attendance of a physician or midwife, or should no other person than a physician or midwife be present at the birth of any child, the father or mother, immediately thereafter, shall report the same and verify the fact of such birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 78006

GIVEN NAME ADDED 8-10-36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillian ~~Elberts~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October the 23. 1896
4. *Place of Birth, (Street and Number)*	Pratt ~~Pratt~~ 11 to 1523
5. *Full Name of Mother,*	Elizabeth Elberts
6. *Mother's Maiden Name,*	Elizabeth daniels
7. *Mother's Birthplace,*	Baltimore"
8. *Full Name of Father,*	William H Elberts
9. *Father's Occupation*	Car inspector
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mr I Kelley
Address,	N 1922 Milton Ave
Remarks,	

1 8960004675

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78007

CERTIFICATE CORRECTED 4-9-58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ella May ~~Winkler~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~22nd Oct.~~ Oct. 18, 1896
4. Place of Birth, (Street and Number) 2918 Hudson St.
5. Full Name of Mother, ~~(Louella)~~ Ella Winkler
6. Mother's Maiden Name, ~~(Louella Hershey)~~ Sprole
7. Mother's Birthplace, Baltimore
8. Full Name of Father, ~~(Hebert)~~ Herman Winkler
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 Canton St.

Remarks,

8960004676

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case there is no practitioner in attendance, the said schedule shall be delivered, duly signed by the nurse or midwife in attendance, or should no other person be in attendance upon the mother, then the father or mother shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

MYER NAME ADDED 5-28-56

RETURN OF A BIRTH. 78008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henrietta Elizabeth Schafer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 23 '96.
4. Place of Birth, (Street and Number) 1632 Orleans St
5. Full Name of Mother, Frances Schafer
6. Mother's Maiden Name, Spindler
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Schafer
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1225 Walbrook St

Remarks,

8960004677

Wm. J. C. Dulany Co., City Printers and Stationers.

SEC. 1. Be it ordained by the people of Baltimore, That no certificate and report of birth shall be delivered, duly signed by the practitioner in charge, or the midwife, or the father, or the mother, or the householder, or the owner of the premises where the birth occurred, stating the date and place of birth; and the name, sex, color and parentage of the child, and the full name and residence of the person reporting, and the number of the child if born alive, shall be delivered to the Commissioner of Health, and a certificate given therefor, before the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth of any child, the duty of the person or parents of such child to report the birth to the Commissioner of Health, within the period above required, and upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, Oct 23 1896
4. *Place of Birth*, (*Street and Number*) 1314 Eastern Ave.
5. *Full Name of Mother*, Annie Schick
6. *Mother's Maiden Name*, Nelson
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, John Schick
9. *Father's Occupation* Saloon-Keeper
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E Hatt St.

Remarks,

8960004678

Wm. J. C. Dulany Co., City Printers and Stationers.

shall so decline, shall be delivered, duly signed by the practitioner in the form of a certificate, as herein given, stating the name, sex, color, date and place of birth, and the full name, residence and occupation of the parents, or as far as the same can be ascertained, and the name and residence of the physician or midwife, if any, in attendance upon the mother; and it shall be the duty of each and every midwife and physician, or practitioner of midwifery, or other person in attendance upon the mother, at the birth of any child, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by law; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* October 23rd, 1896
4. *Place of Birth, (Street and Number)* 416 Hoffman Street, West
5. *Full Name of Mother,* Sallie James
6. *Mother's Maiden Name,* Sallie James
7. *Mother's Birthplace,* Lancaster County, Virginia
8. *Full Name of Father,* Charlie Blackmore
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Frederick, Md.

Name of Medical Attendant, or other person who makes this Return. M. Magdalene Warner M.D.

Address, 416 Hoffman Street, West

Remarks,

8960004679

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, of every birth occurring during the month next preceding, at which said midwife was in attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 23rd 1896
4. Place of Birth, (Street and Number) 704 1st Ave
5. Full Name of Mother, Sadie A Douglass
6. Mother's Maiden Name, " Collins
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm. F. Douglass
9. Father's Occupation, Barber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm. H. Feldman M.D.

Address, 1102 Chestnut Ave

Remarks,

B 9 6 0 0 0 4 6 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the limits of Baltimore city, and the parents or mother of such child shall subsequently remove to Baltimore city, the certificate of birth of such child shall be returned to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78012.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* /
3. *Date of Birth.* 24 Octobre
4. *Place of Birth, (Street and Number)* 434 Colvin st
5. *Full Name of Mother,* Marie Gaffey
6. *Mother's Maiden Name,* = Fiely
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Gaffey
9. *Father's Occupation* /
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 North Cent. Av.

Remarks. /

[illegible] parents, the date and place of birth; and the same shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1 8 9 6 U 0 0 4 6 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday October 24 1896
4. Place of Birth, (Street and Number) 427 Boyd Street
5. Full Name of Mother, Elizabeth McCauley
6. Mother's Maiden Name, " Dougherty
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Edward McCauley
9. Father's Occupation Upholsterer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Pierce B Wilson Jr

Address, 620 North Ann Street

Remarks,

8960004682

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in charge, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten (10) days after the birth to which it relates; and the third day of each and every month to the office of the Commissioner of Health. In case there is no such practitioner in attendance at the birth, the certificate shall be made by the father or mother of the child, the householder or owner of the premises where the birth occurred, or the manager or superintendent of the institution where the birth occurred, within ten (10) days after the birth to which it relates. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 24 1896
4. Place of Birth, (Street and Number) 308 President St.
5. Full Name of Mother, Virgenza Schiado
6. Mother's Maiden Name, Sario
7. Mother's Birthplace, Italy
8. Full Name of Father, Antonio Schiado
9. Father's Occupation Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who made this Return, Harry Stein

Address, 1427 E Pratt St.

Remarks,

+ 6 9 6 0 0 0 4 6 8 3

This record shall be delivered, duly signed by the practitioner in charge of the case, or by the parents, the date and place of birth; and the third day of each month to the office of the Commissioner of Health. In case there be no attendance upon the mother, [illegible] or practitioner of midwifery, or should no other person be willing to report the birth to the Commissioner of Health, in the manner and within the period above required, each person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH, 78015

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth October 24 1896
4. Place of Birth, (Street and Number) 1145 Bowen St
5. Full Name of Mother Mary Powell
6. Mother's Maiden Name Huckabee
7. Mother's Birthplace Virginia
8. Full Name of Father Robert Powell
9. Father's Occupation Painter
10. Father's Birthplace Maryland

Name of Medical Attendant, or other person who makes this return. Dr. Lewis MD

Address 126 Patterson ave

Remarks

8960004684

Father, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 78016

GIVEN NAME ADDED 5-9-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillian M. Walker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 24. 96.
4. Place of Birth, (Street and Number) Cor. Barre and N. Peter Sts.
5. Full Name of Mother, Annie Walker,
6. Mother's Maiden Name, Wrasprich,
7. Mother's Birthplace, 605 W. Cross St. Balto.
8. Full Name of Father, Albert William Walker.
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, C. L. Nuckols, M.D.

Address, 649 S. Paca St.

Remarks,

8960 04685

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person required by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person with whom such child is to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 24 of October 1894
4. Place of Birth, (Street and Number) No. 1105 Richard St
5. Full Name of Mother, Lottie Bartell
6. Mother's Maiden Name, Lottie Sibbon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Anthony C. Bartell
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ch. Lauer

Address, No 1824 Hartford Ave

Remarks, Bal. Md.

1896

8960004686

Wm. J. C. Dulany Co., City Printers and Stationers.

said certificate as to sex, color, the full name and occupation of its parents, the date and place of birth, and have third day of each month over the signature of the Practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or midwife, or the person or one of the persons required to attend upon the mother, immediately thereafter it shall become the duty of the person or one of the persons required to report the birth to the Commissioner of Health, in the manner and within the period above required. Such child to report the birth to the Commissioner of Health, in the manner and within the period above required. Such person neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] sex, color, the full name and occupation of its parents (if any), the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 4a

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 22 of October 1896
4. *Place of Birth, (Street and Number)* No 1624 Miller St
5. *Full Name of Mother,* Mollie Meisel
6. *Mother's Maiden Name,* Mollie Milmatt
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* John Meisel
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C L Lauer

Address, No 1059 Harford Ave
Bal. Md.

Remarks,

1896

8960004687

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Martha Ellen ~~Burgan~~ 3

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 October 1896
4. Place of Birth, (Street and Number) 1636 Madison st
5. Full Name of Mother, Lizie Burgan
6. Mother's Maiden Name, Wilson
7. Mother's Birthplace, Balt.
8. Full Name of Father, Franchlin Burgan
9. Father's Occupation, policeman
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 Park Ave

Remarks. GIVEN FALSE ORDER 4-30-34 Cert & Dr.

K.7

8960004688

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife who shall attend upon any birth, and every householder in whose house any birth shall occur without the attendance of a physician or midwife, shall cause the birth of any child to be reported to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the nurse or other person in attendance upon the mother, and in case there be no nurse or other person in attendance, then the mother herself, to cause the birth of such child to be reported to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above prescribed; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY NAME UNDER 6-26-53

RETURN OF A BIRTH. 78020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) Male Milton Howard
2. Race or Color, (if not of the white race) White Kroeger
3. Date of Birth, October 25th 1896
4. Place of Birth, (Street and Number) 3 North ave
5. Full Name of Mother, Julia A. Kroeger
6. Mother's Maiden Name, Julia A. Kahler
7. Mother's Birthplace, New York City
8. Full Name of Father, John H. Kroeger
9. Father's Occupation Manufacturer
10. Father's Birthplace, Washington D. C

Name of Medical Attendant, or other person who makes this Return, George C. E. Fogle M. D.

Address, 1230 E. North ave

Remarks,

8960004689

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 2. And be it further enacted, That the date and place of birth and the name, if any, of every child born alive in the city of Baltimore after the first day of July, eighteen hundred and seventy-two, shall be recorded by the physician or midwife in attendance upon the mother, or if there be no physician or midwife in attendance, then by the father or mother of such child, or the householder of the house in which such child was born, within ten days after such birth, and every physician or midwife who shall neglect or refuse to report such birth as herein required, shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 3. And be it further enacted, That it shall be the duty of the Board of Health of Baltimore City to prepare forms, the date and place of birth and the name, if any, of every child born alive in the city of Baltimore after the first day of July, eighteen hundred and seventy-two, shall be recorded by the physician or midwife in attendance upon the mother, or if there be no physician or midwife in attendance, then by the father or mother of such child, or the householder of the house in which such child was born, within ten days after such birth, and every physician or midwife who shall neglect or refuse to report such birth as herein required, shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 4. And be it further enacted, That it shall be the duty of the Board of Health of Baltimore City to prepare forms, the date and place of birth and the name, if any, of every child born alive in the city of Baltimore after the first day of July, eighteen hundred and seventy-two, shall be recorded by the physician or midwife in attendance upon the mother, or if there be no physician or midwife in attendance, then by the father or mother of such child, or the householder of the house in which such child was born, within ten days after such birth, and every physician or midwife who shall neglect or refuse to report such birth as herein required, shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 26.
4. Place of Birth, (Street and Number) 1914 Ethin St
5. Full Name of Mother, Elizabeth Lee.
6. Mother's Maiden Name, Elizabeth Lee.
7. Mother's Birthplace, Ellicott City
8. Full Name of Father, Harvey Lee
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Hester Gotaro

Address, 509 West Preston St

Remarks,

Wm J. C. Dulany Co., City Printers and Stationers.

8960004690

If any of each and every month to the office of the Commissioner of Health, in the form of a certificate [illegible] and the name of the child to report the birth to the Commissioner of Health, in the manner and within the time above required, and such person or persons who shall hereafter refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 10

1. *Sex,* (state whether male or ~~female~~) male
2. *Race or Color,* (~~if not of the white race~~) colored
3. *Date of Birth,* oct. 25 - at 10 minuets of 6 - P. M. 1896
4. *Place of Birth,* (Street and Number) 512 E. Monument street
5. *Full Name of Mother,* Carrie Pinn
6. *Mother's Maiden Name,* — — Lawson
7. *Mother's Birthplace,* St Marys County Md
8. *Fult Name of Father,* Leroy Pinn
9. *Father's Occupation,* "Driver
10. *Father's Birthplace,* Westmoreland U. S. A.

Name of Medical Attendant, or other person who makes this Return. Josephine Carper [redacted]

Address, 921 Aisquith Street

Remarks, Both are well mother and child

Baltimore Md Oct 26

8960004690

Bird above each line to be verified, duly signed by the practitioner in the form of a certificate, here to be given; and the same shall occur every month to the office of the Commissioner of Health. In case the birth shall have taken place without the attendance of any physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 78023

STICK NAME ADDED. 12-6-61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Gordon Jones

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 25th 1896
4. Place of Birth, (Street and Number) 1121 Mason Street
5. Full Name of Mother, Ella Jones
6. Mother's Maiden Name, Ella Jones
7. Mother's Birthplace, Near Easton, Md.
8. Full Name of Father, Henry Jones
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. M. Magdalene Warner, M.D.

Address, 410 Hoffman Street, Baltimore

Remarks,

8960004692

1898. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

Every physician or midwife in attendance upon a birth shall, within ten days after the birth, deliver to the Registrar of Vital Statistics, at his office, a certificate of such birth, which shall be signed by the physician or midwife in attendance, and shall contain the name, sex, color, date and place of birth; and the name, residence and occupation of its parents, the date and place of birth; and the name, residence and occupation of the physician or midwife in attendance. Every certificate of birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, for the preceding month. In case there is no physician or midwife in attendance, the certificate shall be signed by the owner or agent of the house in which the birth occurs, or by the parent of such child, if able to do so. No certificate of birth shall be required to be given by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person shall receive a fee of fifty cents for each certificate so returned. Any person who shall violate any of the provisions of this article shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1336]

RETURN OF A BIRTH. 78024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 4 — 1896
4. Place of Birth, (Street and Number) 35 Frisby St.
5. Full Name of Mother, Gertrude M. Ruppert
6. Mother's Maiden Name, " " Butler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Georg Ruppert
9. Father's Occupation Collector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D

Address, 811 Jefferson Ave Waverly.

Remarks, Balto. Md

1896000004693

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health is empowered to require the full name and occupation of the parents of each child, and every physician, midwife or other person who shall have attended upon the mother, at the birth of any child, shall, within three days after such birth, report to the Commissioner of Health, at the office of the Board of Health, in the City of Baltimore, the sex, color, the full name and occupation of its parent, the date and place of birth, and the number of such child, if born alive, and every midwife or other person who shall be present at the birth of any child shall report the same in the form of a certificate to be signed by the practitioner in the form of a certificate to be given to the parent or person having charge of such child, and no certificate shall be given by any midwife or other person except in the presence of the parent or person having charge of such child, and no midwife or other person shall sign a certificate stating that she was present at the birth of a child when she was not present at the birth of such child. In case the birth of any child occur without the attendance of a physician or midwife, the father, mother or other person having charge of such child shall report the same within three days after such birth, in the manner and within the time required of physicians and midwives to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336

RETURN OF A BIRTH. 78025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 10 - 1896
4. Place of Birth, (Street and Number) 9 Brady Ave
5. Full Name of Mother, Ida M. Andrew
6. Mother's Maiden Name, " Wallace
7. Mother's Birthplace. Baltimore
8. Full Name of Father, John H. Andrew
9. Father's Occupation Electrician
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, R.G. Rankin M.D

Address, 811 Jefferson Ave Waverly

Remarks,

8960004694

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 78026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 10 — 1896
4. Place of Birth, (Street and Number) Filmore st Homestead
5. Full Name of Mother, Blanch J. Elloff
6. Mother's Maiden Name, " " Cafforatta
7. Mother's Birthplace, St Louis Mo.
8. Full Name of Father, George H Elloff
9. Father's Occupation Railroader
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, R. G. Ranvain M D

Address, 811 Jefferson Ave Waverly.

Remarks,

5960004695

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person giving information as to the birth of any child shall ascertain the full name of such child, if it has been named, and the sex, color, the full name and occupation of its father, and the maiden name of its mother, and the place of birth; and the said schedule shall be delivered, duly signed by the informant, in the form of a certificate between the first and third day of each and every month to a physician or practicer of midwifery, or the person or parents of such child, if there is no such physician or practicer of midwifery, or the person or parents of such child is a resident within the limits of the square in which the birth occurs, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or the person or parents of such child is a resident within the limits of the square in which the birth occurs, then the said schedule shall be delivered, duly signed by the person in other premises in which the birth may be in attendance upon the mother, immediately thereafter. It shall become and within the period above required, and it shall be the duty of the Commissioner of Health to furnish such schedules to all persons required by this section to comply with the provisions of this section, and to every such person or persons who shall hereafter apply for the same. Any person violating any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, October the 16 1896
4. Place of Birth, (Street and Number) west coat St 1335
5. Full Name of Mother, Mary Mc Gyles
6. Mother's Maiden Name, Mary Mc Coy
7. Mother's Birthplace, Lancaster Pa
8. Full Name of Father, Jesse Gyles
9. Father's Occupation Poter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Marie Cjone

Address, 1331

Remarks,

8960004696

Wm. J. C. Dulany Co., City Printers and Stationers.

The schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinbefore required, at the office of the Commissioner of Health. In case the birth occurs without attendance upon the mother, immediately after the birth, by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the mother herself, if able, or if not able, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 78028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 17 — 1896
4. Place of Birth, (Street and Number) 119 Carrol Ave
5. Full Name of Mother, Alice E Rider
6. Mother's Maiden Name, " " Lyne
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, John L. Rider
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, 811 Jefferson Ave Waverly.

Remarks,

8960004697

Wm. J. C. Dulany ... and Stationers.

... the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the ... third day of each and every month to the officer or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here ... with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 21 Oct
4. Place of Birth, (Street and Number) 510 Rogers ave
5. Full Name of Mother, Margaret Mine
6. Mother's Maiden Name, Cannahan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Lucas John Mines
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Wm R Wilkie

Address, 130 Eddington ave

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960004698

Every case of birth shall be delivered, duly signed by the practitioner in charge or the Occupier of its parents, the date and place of birth; and the third day of each month and every month to the office of the Commissioner of Health, or such person as he shall appoint to receive the same, a certificate setting forth the name, if any, and the sex of every child born within the district during the preceding month, and the name of the parent or parents of such child, and the date and place of birth of such child; and in case of the birth of any child without the attendance upon the mother, immediately after the birth, of a physician or practitioner of midwifery, or should no other person be in attendance with the mother, immediately after the birth, to report the birth to the Commissioner of Health, in the manner and within the time above required, such person shall become liable to the penalty hereinafter provided; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 78030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct — 23 — 1896
4. Place of Birth, (Street and Number)
5. Full Name of Mother, 415 — 21st Street
6. Mother's Maiden Name, Josephine A. Bacon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William J. Bacon
9. Father's Occupation Car Conductor
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, R. G. Ranken M D

Address, 811 Jefferson Ave Waverly

Remarks.

8960004699

Wm. J. C. Dulany Co., City Printers and Stationers.

[Rev. 1236.]

RETURN OF A BIRTH. 78031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 25 96
4. Place of Birth, (Street and Number) 539. S. Ann St.
5. Full Name of Mother, Karolina Einersen
6. Mother's Maiden Name, Wolfersman
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edward Einersen
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Theo. Deisenhofer

Address, 241. S. Washington St.

Remarks,

8960004700

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, if a twin or triplet, the number in order of birth, the full name of each child, if any, with the said schedule shall be delivered, duly signed by the practitioner or person in attendance, to the Commissioner of Health within the third day of each and every month in the office of the Commissioner of Health. It shall become the duty of the person or persons in attendance upon any woman in labor, whether a physician or midwife, or should no other person be in attendance, then the father or mother of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th,

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 25th, 1896.
4. Place of Birth, (Street and Number) 1329 Hillman St,
5. Full Name of Mother, Mary A. Hopper.
6. Mother's Maiden Name, Mary A. O'Brien.
7. Mother's Birthplace, B Portsmouth Va.
8. Full Name of Father, Thomas F Hopper
9. Father's Occupation Foreman
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M D.

Address, S W Cor Calvert & Preston St.

Remarks,

8960004701

Wm. J. C. Dulany Co., City Printers and Stationers.

Said Return to state the full name and occupation of its parent, name of each child, (if any shall have been previously born to the mother,) whether single or twin, or triplet, or other plurality thereof, and whether first, second, third or other birth of each child, and the year, month and day of birth and the hour of birth of each child, if more than one be born at the same birth, and shall be delivered, duly signed by the practitioner in the form of certificate set forth in the first section of this ordinance, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of medicine or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above specified. And any person who shall hereafter fail to comply with the provisions of this section shall be, and is hereby declared to be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore, shall be punished by a fine of not less than ten dollars nor more than fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. Oct 26 96
4. Place of Birth, (Street and Number) 1053 N Broadway
5. Full Name of Mother, Mamie Collins
6. Mother's Maiden Name, " Peterson
7. Mother's Birthplace. Balto Co Md
8. Full Name of Father, Chas. Collins
9. Father's Occupation,
10. Father's Birthplace, Balto Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. E. Peterson M. D.

Address, 1053 N. Broadway

Remarks,

8 7 6 0 0 0 4 7 0 2

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in charge or midwife, at the office of the Registrar of Vital Statistics, within three days after the occurrence of the birth; and the third day of such and every month to the office of the Commissioner of Health, a like schedule for every birth occurring during the month preceding, in which he or she shall have been in attendance upon the mother; and every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the person in charge of the house in which the birth occurs, shall report the birth of each child to the Commissioner of Health, if the parent or parents of such child to report its birth to the Commissioner of Health, if the parent or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 78034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) George A Tirella
4/10/20 Ward 7

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 25th 1920.
4. Place of Birth, (Street and Number) 1314 N. Stricker St
5. Full Name of Mother, Ella Tirella
6. Mother's Maiden Name, Spicer
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Joseph Tirella.
9. Father's Occupation Laundry man
10. Father's Birthplace, Italy Md.

Name of Medical Attendant, or other person who makes this Return, Dr. L. Bruce Wise

Address, 835 N. Lombard St

Remarks,

Every person required by the foregoing section to report a birth shall ascertain the full name of each child, (if any shall have been given,) the sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each month, and register all births not previously reported, in the form of a declaration or affidavit, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health. In case the birth of the first and attendance without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such premises to report such birth to the Commissioner of Health, in the manner and within the time required by this section of any such person in charge who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CV60004703

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-16-66

RETURN OF A BIRTH. 78035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Frederick Arthur ~~Lambrecht~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th of March 96
4. Place of Birth, (Street and Number) 2015 Belair Road.
5. Full Name of Mother, Lise Lambrecht
6. Mother's Maiden Name, Lise Winter
7. Mother's Birthplace, Germany
8. Full Name of Father, Arthur Lambrecht
9. Father's Occupation Bäcker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Heuber Midwife

Address, 416 W Pratt St.

Remarks,

B 960004704

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM KODAK

RETURN OF A BIRTH. 78036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 1.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 25 of October 1896
4. Place of Birth, (Street and Number) No 1036 Hillen St
5. Full Name of Mother, Celia Lamona
6. Mother's Maiden Name, Celia Clifford
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Lamona
9. Father's Occupation Varnisher
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs Ch. Lamona

Address, No 1034 Harford Ave

Remarks. Bal. Md.

1896

1896000405

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or other person who shall be in attendance upon the birth of any child, shall, within the period of ten days after the birth of such child, report the full name and occupation of its parents, the date and place of birth, and the sex of such child, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the period above required, it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1286.]

RETURN OF A BIRTH. 78037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 26/96
4. Place of Birth, (Street and Number) 131 Scott Str.
5. Full Name of Mother, Annie Clancy
6. Mother's Maiden Name, " Sellner
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edwards Clancy
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 271 S. Washington Ave

Remarks,

5760004706

Wm. J. C. Dulany Co., City Printers and Stationers.

...ber or the same can be ascertained the full name of each child during the first twelve months of its life, the full name and occupation of its parents, the date and place of birth, and the name and residence of the medical attendant, or other person who makes the return, and the same shall be delivered, duly signed by the person making the same, to the Commissioner of Health, or his authorized agent, within ten days after the birth, in the form of a certificate between the date and the attendance upon the mother, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence or attendance of a physician or practioner of midwifery, it shall be the duty of the person in charge of the house where the mother is at the time of the birth of such child to report its birth to the Commissioner of Health. It shall become the duty of the person next in charge of such house, and of all persons who shall hereafter fail to comply with the provisions of this section within the period above required, to report such birth, and any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

78038

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	26th of October 96
4. Place of Birth, (Street and Number)	2047 Williams Av.
5. Full Name of Mother,	Lica Kraft
6. Mother's Maiden Name,	Lica Bell
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John M. Kraft
9. Father's Occupation	Labor
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	2116 W. Pratt St
Remarks,	

L 4 6 0 0 0 4 7 0 7

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate as above, within the first three days after the birth, and every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RE A BIRTH. 78039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 26 th. 1896
4. Place of Birth, (Street and Number) 215 Front St. N.
5. Full Name of Mother Ella Wise
6. Mother's Maiden Name, Ella Mc Hamee.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William W. Wise
9. Father's Occupation, [illegible]man
10. Father's Birthplace, [illegible]timore.

Name of Medical Attendant or other person who makes this Return, Geo W Dickelson

Address,

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate as above, to the Registrar of the district in which the birth shall occur within ten days next after the day of such birth; and the third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of medicine or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and S[illegible]

CORRECTION

The preceding document has been re-photographed ta assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

RE[illegible] A BIRTH. 78039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 26th 1896
4. Place of Birth, (Street and Number) 215 Front St. N.
5. Full Name of Mother Ella Wise
6. Mother's Maiden Name, Ella Mc Namee
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William W. Wise
9. Father's Occupa[illegible] Seaman
10. Father's Birthp[illegible] Baltimore

Name of Medical [illegible] other person who makes this Return, Geo W Dobbin

Address,

Remarks,

1896000408

Wm. J. C. Dulany Co., City Printers and Station[illegible]

The undertaker shall be delivered, duly signed by the Practitioner in the form of a certificate [illegible] the first and the [illegible] of each and every month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the [illegible] of [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 26 1896
4. Place of Birth, (Street and Number) 1425 Orington st.
5. Full Name of Mother, Maggie [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, East Pa
8. Full Name of Father, Daniel [illegible]
9. Father's Occupation Laborer Baltimore Fire Dept.
10. Father's Birthplace, East Pa

Name of Medical Attendant, or other person who makes this Return, Pott P.C. Behind Dr.

Address, 158 Fairview Ave.

Remarks,

8960004709

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 78042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 26 96
4. Place of Birth, (Street and Number) Balto University Maternite
5. Full Name of Mother, Emma Phelps
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Laurel Md.
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Edw C Easlinger M.D.

Address, 1724 E Balto St.

Remarks,

1 8960004710

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the mother of such child, or in the case of her death or inability, by the father of such child, or in the case of the death or inability of both parents, the date and place of birth, and the full name and residence of such child, to the office of the Commissioner of Health within ten days after the birth of any child attended upon the occasion of such birth by a physician or practitioner of midwifery, or shall become the duty of the person or persons in attendance upon the mother at the birth of such child to report its birth to the Commissioner of Health, as aforesaid, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 26th, 1896
4. Place of Birth, (Street and Number) 410 Hoffman Street West
5. Full Name of Mother, Mrs Minnie Palmer
6. Mother's Maiden Name, Minnie Jones
7. Mother's Birthplace, Northumberland County, Va.
8. Full Name of Father, Mr. John Palmer
9. Father's Occupation, Sailor
10. Father's Birthplace, Northumberland Co Virginia

Name of Medical Attendant, or other person who makes this Return. M. Magdalene Wurth, M.D.

Address, 410 Hoffman Street

Remarks,

1896 0004711

said schedule shall be delivered. duly signed by the practitioner, the date and place of birth, and five days of each and every month to the office of the Commissioner of Health in the form of a certificate between the first and shall cover all births which have occurred during the preceding month, stating the birth of any child attendance upon the mother at the time of birth, or having charge of the case, and if there be no such child to report its birth to the Commissioner of Health. It shall become the duty of the person or persons duly sworn to make such report as to the particulars required by this section, within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 26th 1896 4.30 a.m.

4. Place of Birth, (Street and Number) 1604 Hoffman Ave

5. Full Name of Mother, Catherine Haggan

6. Mother's Maiden Name, Catherine Reid

7. Mother's Birthplace, Germany

8. Full Name of Father, George B. Haggan

9. Father's Occupation, Tinner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Henry Chabot M.D.

Address, 1111 E. Preston St.

Remarks,

8960004712

...ER CO., CITY PRINTERS AND STATIONERS.

1236.]

GIVEN NAME ADDED 5-12-55

RETURN OF A BIRTH. 78045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie Berman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th "
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	~~Hebrew~~ Hebrew
3. *Date of Birth,*	Oct. 26th 1896
4. *Place of Birth, (Street and Number)*	1105 East Lee Ellwood St
5. *Full Name of Mother,*	Fanny Berman
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	
9. *Father's Occupation,*	Umbrella - Maker -
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	Frank T. Coop. M.D.
Address,	115 W. Lombard St.
Remarks,	

8960004713

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 13. Be it further enacted, That the full name and occupation of each child's parents, the date and place of birth of any child born alive, and the full name, residence and occupation of its parents, the date and place of birth of any child born dead, and the full name, residence and occupation of its parents, shall be entered in a book to be kept for that purpose by the Registrar of Vital Statistics, and the said entries shall be made from certificates to be furnished by the Physician or Midwife in attendance upon the birth of any child, or by the Undertaker in the form of a certificate to be furnished by the Registrar of Vital Statistics, and the said certificate shall be delivered to the Undertaker by the parent or parents of such child, or by the person having charge of the house in which such child was born, before the burial of such child; and in case of the birth of any child dead, without the attendance of a physician or practicing midwife, the said certificate shall be made by the parent or parents of such child, or by the person having charge of the house in which such child was born, and delivered to the Undertaker before the burial of such child; and in case of the birth of any child without the attendance of a physician or practicing midwife, the said certificate shall be made by the parent or parents of such child to report the birth to the Registrar of Vital Statistics, in the manner and within the period above recited in this section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] 1336]

RETURN OF A BIRTH. 78046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 26th, 1896.
4. Place of Birth, (Street and Number) 231 Hickory ave.
5. Full Name of Mother, Minnie F. Fisher.
6. Mother's Maiden Name, Cooper.
7. Mother's Birthplace, Ind.
8. Full Name of Father, John H. Fisher.
9. Father's Occupation Cotton mill operative.
10. Father's Birthplace, Ind.

Name of Medical Attendant, or other person who makes this Return, Eleanor H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8960004714

Wm. J. C. Dulany Co., City Printers and Stationers.

Every [illegible] shall ascertain the full name of each child, (if any shall be born alive) the sex, color, the full name and occupation of each parent, the date and place of birth, and the said attendant shall, within three days after the birth, make a return of the same to the office of the Commissioner of Health. In case there be no attendant, the parent or parents of such child shall make such return within the time and in the manner aforesaid. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 4-11-57 78047

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sarah Charlotte Bouguard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 October 1896
4. Place of Birth, (Street and Number) 2011 Pleasant Alley
5. Full Name of Mother, ~~Lizzie Bouguard~~ Elizabeth Bouguard
6. Mother's Maiden Name, ~~Lizzie Schaefer~~ Elizabeth Swigarth
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, ~~Peter Bouguard~~ Bouguard
9. Father's Occupation Lumber
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

B960004715

Wm. J. C. Dulany Co., City Printers and Stationers.

Each certificate must state the full name, color, the full name and occupation of each parent, the full name of each child, if any, and the third day of each and every month thereafter, a return of all births which shall have occurred within the preceding month, which said return shall be signed by the Practitioner in the form of a certificate between the first and the said schedule shall be delivered to the City Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then it shall be the duty of the parent of such child to report the birth to the said Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 / Oct
4. Place of Birth, (Street and Number) 708 Robinson St.
5. Full Name of Mother, Sophia Hersinthaugan
6. Mother's Maiden Name, Sophia Root
7. Mother's Birthplace, Germany
8. Full Name of Father, Fredrick Hersinthaugan
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary L. Swanne

Address, 824 Canton St.

Remarks,

8960004716

Said schedule shall be delivered, duly signed by the Practitioner in the form in which it is issued by the Commissioner of Health, within three days after the birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the time specified, the mother or nurse shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896.]

RETURN OF A BIRTH. 78049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Octobr the 26. 1896
4. *Place of Birth, (Street and Number)* Ramsey St. No 1323
5. *Full Name of Mother,* Rosey M Thompson
6. *Mother's Maiden Name,* Rosey A Parish
7. *Mother's Birthplace,* Methus Will Town & Co
8. *Full Name of Father,* John E Thompson
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Elk ridge Landing Ba Co

Name of Medical Attendant, or other person who makes this Return, Mrs B Talley

Address, No 1922 Wilkins Ave

Remarks,

8960004717

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 78050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26th Oct. 1896
4. Place of Birth, (Street and Number) 1830 Charles Street
5. Full Name of Mother, Rachel Lowrey
6. Mother's Maiden Name, " Emory
7. Mother's Birthplace, Frederick County Md.
8. Full Name of Father, Charles H. Lowrey
9. Father's Occupation Engineer
10. Father's Birthplace, Washington Co. Md

Name of Medical Attendant, or other person who makes this Return, Eliza Brookes.

Address, 1828 Light Street

Remarks, Living Well

8 9 6 0 0 0 4 7 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

If any child born alive shall not have been reported by the physician or midwife in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above stated, the full name of such child, the full name and occupation of its parents, the date and place of birth, and the sex, color, and every such person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336

RETURN OF A BIRTH. 78051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	26th Oct. 1896.
4. *Place of Birth, (Street and Number)*	111 E. West Street
5. *Full Name of Mother,*	Julia Doil
6. *Mother's Maiden Name,*	" Conors
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph P. Doil
9. *Father's Occupation*	Shoe Cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizie Brookes
Address,	1828 Light Street
Remarks,	Doing Well

8960004719

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then it shall be the duty of the person in charge of the mother immediately thereafter, if shall become the duty of the person or persons be in attendance upon the mother, immediately thereafter, if shall become the duty of the person or persons in charge of such child to report in like manner to the Commissioner of Health, in the manner and within the period above prescribed, the name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. And any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Ex 1236.]

RETURN OF A BIRTH. 78052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 26, 1926.
4. Place of Birth, (Street and Number) No. 1409 E. Federal St
5. Full Name of Mother, Emma Reeder.
6. Mother's Maiden Name, Emma Beck.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, William Reeder.
9. Father's Occupation Manager.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Blendell M.D.

Address, 1241 Hanford Ave

Remarks,

B 7 6 0 0 0 4 7 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Whereas, the child of such mother as the same can be ascertained, the full name of such child, and the number of the child of such mother, and the sex, color, if a white race and not occupation of its parents, the date and place of birth, and the full name of each child, if any, which shall have been conferred, duly signed by the physician or practitioner in attendance upon the mother, or in case there be no such attendance, by the father or mother of such child, or in case of the absence or inability of both father and mother, by the householder in the house where such birth occurs within ten days after the birth, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the father or mother of such child, or in case of the absence or inability of both father and mother, the householder in the house where such birth occurs shall report its birth to the Commissioner of Health in the manner and within the period above prescribed, and the Commissioner of Health shall thereupon issue a certificate setting forth the particulars required to be reported by this section. And be it further enacted, That the physician, practitioner, father, mother or householder who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) Irwin Dixon Hughes

1. Sex (state whether male ~~or female~~),
2. Race or Color (~~if not of the~~ white race),
3. Date of Birth, Oct 26th 1886
4. Place of Birth (Street and Number), 829 Madison Ave
5. Full Name of Mother, Susan Virginia ~~Hummick~~ Hughes
6. Mother's Maiden Name, Susan Virginia Hummick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Clarence Herbert Hughes
9. Father's Occupation, Milk man
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return. Alfred M. Bell M.D.

Address, 1031 Cathedral St

Remarks, CHILD NAME ADDED. 2-15-52

8760004721

...ing by the practitioner in the form of a certificate between the first and third day of ... each and every month to the office of the Commissioner of Health. In case the birth of any child occurs in the absence of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...mot e Publishing Co., City Printers and Stationers

1336.]

[illegible] under his or her care during the
[illegible] the same can be ascertained, the full name of each child, (if any shall have
been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c*.) 3d

1. *Sex*, (*state whether male or female*) Stn Boy
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, October 27th 1896
4. *Place of Birth*, (*Street and Number*) 18 N. Chapel Street
5. *Full Name of Mother*, Josephine Gunner
6. *Mother's Maiden Name*, Josephine Kuhn
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, John Gunner
9. *Father's Occupation* Printer
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Kron, Midwife

Address, 1922 E Fayette Street

Remarks,

8960004722

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th of October 96
4. *Place of Birth, (Street and Number)* 1719 Lemon St
5. *Full Name of Mother,* Mary Wolf
6. *Mother's Maiden Name,* Mary Krug
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John H. Wolf
9. *Father's Occupation* Laber
10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuker midwife

Address, 216 W. Pratt St.

Remarks,

8960004723

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attended once without the attendance of a physician or practitioner of midwifery, a certificate of such birth shall be delivered as aforesaid by the nurse or person who shall have attended such birth, within the period above mentioned; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Oct 27th 1896
4. *Place of Birth, (Street and Number)* 307 East Ave. Balto City.
5. *Full Name of Mother,* Mollie Love.
6. *Mother's Maiden Name,* Mollie Williams
7. *Mother's Birthplace,* Essex County Va.
8. *Full Name of Father,* William Love.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E Conway

Address, 222 E Bank St.

Remarks, City.

1896 0004724

Wm. J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the certificate of birth, and the full name and residence of the mother, and the day of each and every month to the office of the Commissioner of Health. If the attendance upon the mother during her confinement, or such other person as shall become the duty of the person or persons required to report the birth to the Commissioner of Health, shall neglect to comply with the provisions of this section, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary Elizabeth Carback Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 27-96

4. Place of Birth, (Street and Number) 1610 E Madison

5. Full Name of Mother, Mary A Carback

6. Mother's Maiden Name, n e Washburn

7. Mother's Birthplace, Balto

8. Full Name of Father, Elisha N. Carback

9. Father's Occupation, Collector

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary A. Allwell

CITY REGISTRY 3-16-54

Address, 1408 N Bond

Remarks, h m

1876 U 04725

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. '18058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, October 27th, 1896.

4. Place of Birth, (Street and Number) 1119 N. Eamilton Ave,

5. Full Name of Mother, Lucy A. Chapman

6. Mother's Maiden Name, Lucy A. Childress.

7. Mother's Birthplace, Virginia

8. Full Name of Father, William E. Chapman.

9. Father's Occupation, Stone Cutter.

10. Father's Birthplace, Massachusetts

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D.

Address, S.W. Cor Calvert & Preston Sts.

Remarks,

5960004726

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 27 — 1896
4. Place of Birth, (Street and Number) 2410 Fairmount Ave.
5. Full Name of Mother, Kate Schneider
6. Mother's Maiden Name, Eilers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. A. Schneider
9. Father's Occupation Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Mary Heiss

Address, 427 E Pratt St.

Remarks,

8960004727

The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each calendar month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 78060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 27th 1896
4. Place of Birth, (Street and Number) 1732 E. Lanvale St.
5. Full Name of Mother, Mrs. Virginia P. Powers
6. Mother's Maiden Name, Burnett.
7. Mother's Birthplace, Harford.
8. Full Name of Father, John F. Powers
9. Father's Occupation, Insurance
10. Father's Birthplace, Philadelphia Pennsylvania

Name of Medical Attendant, or other person who makes this Return, L. Rubes,

Address, 1625 Hopkins Ave.

Remarks,

1 8 9 6 0 0 0 4 7 2 8

Wm J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife in attendance upon a birth, and in case there be no physician or midwife in attendance, then the father of the child, or the householder in whose house the birth occurs, or the nearest person present at the birth, shall within ten days after the birth, report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, at his office in the City Hall, and shall deliver to the Registrar, or to the person appointed by the Registrar to receive the same, the name and place of birth, and the sex and color of each and every child born, and the name, occupation and residence of the parents, and the number of children born to the mother, and the number living, and the number of the street and house in which the birth occurs, and the name of the physician or midwife in attendance, if any, and the name of the person making the return. In case the birth of any child occurs without the attendance of a physician or practitioner of medicine, or midwife, or other person, it shall become the duty of the person in whose house the birth occurs, or the nearest person present at the birth, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 27th 1896
4. Place of Birth, (Street and Number) 47 Eglen Ave
5. Full Name of Mother, Mary E Woods
6. Mother's Maiden Name, " E " Eglen
7. Mother's Birthplace, Balto
8. Full Name of Father, W. S. Woods
9. Father's Occupation, Newspaper Solicitor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, F. A. Fiedeman M.D.

Address, 102 Chestnut Ave

Remarks,

8960004729

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly dated, and subscription of the parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or the mother, or in her absence, the father of such child shall report it forthwith to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 27th 1896
4. Place of Birth, (Street and Number) 29 Hickory Ave
5. Full Name of Mother, Charlotte Bull
6. Mother's Maiden Name, " Chalk
7. Mother's Birthplace, Balto
8. Full Name of Father, Albt & Bull
9. Father's Occupation, Brakeman R.R.
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, W. H. Feldmeier M.D.

Address, # 102 Chestnut Ave

Remarks,

1896004730

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month, to the office of the Commissioner of Health, the date and place of birth; and the...shall occur without the attendance of a physician or midwife, then the...child, in the presence of the father, mother or nearest relative present, and the...distance from the mother, immediately thereafter it shall become the duty of...any such person or persons who shall fail to comply with the provisions of this section shall be fined and...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 27, 1896
4. Place of Birth, (Street and Number) 1022 N. Loudoun st
5. Full Name of Mother Martha Jane Clark Smith
6. Mother's Maiden Name, Martha Jane Clark Burrows
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James Harry Smith
9. Father's Occupation Minister of the Gospel
10. Father's Birthplace, Petersburg Va

Name of Medical Attendant, or other person who makes this Return, C. L. Bowers

Address, 634 N. Carrollton Ave

Remarks,

8960004731

Wm. J. C. Dulany Co., City Printers and Stationers

...birth shall be delivered, duly signed by the practitioner in the form, as certified by the parents, the date and place of birth, and the ...shall deliver a like certificate within thirty-six hours after the birth of every child ...attendance upon the mother, and every midwife who shall be present at the birth of any ...attendance upon the mother, or should no other person be in ...child to report its birth to the Commissioner of Health. In the absence of the person or parents of such ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, the 27 day of June 1900
4. Place of Birth, (Street and Number) 309 Exeter St
5. Full Name of Mother, Ada Thomas
6. Mother's Maiden Name, Ada Pinyard
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Stewart Jones
9. Father's Occupation miner
10. Father's Birthplace, Washington Co Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth E Elliott

Address, 530 Lemmon ave

Remarks. .....

3 9 6 0 0 0 4 7 3 2

Wm. J. C. Dulany Co., City Printers and Stationers

Section 2 of the Act requires, the date and place of birth; and the third day of each month to the office of the Commissioner of Health, at the first and shall occur within said month, if there be any such occurrence between the attendance upon the mother, immediately after the birth, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of forty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Oct 27th 1896.
4. Place of Birth, (Street and Number) 1713 Bloomingdale Ave Walbrook
5. Full Name of Mother, Minnie Sarah Shickells
6. Mother's Maiden Name, M. S. Ward
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Richard Henry Shickells
9. Father's Occupation, Butcher
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Hazlett M.D.

Address, Nelson W. North Ave & 9th St.

Remarks,

1896004733

SEC. 14. Sex, color, the full name and occupation of its parents, the date and place of birth, the number of children born to the mother, and whether the child is the first, second, third or other child born to the mother, and the full name and residence of the physician, midwife or other person in attendance upon the mother, shall be reported to the office of the Commissioner of Health, or should no other person, such physician or midwife be in attendance, then the father or occupant of the house where the birth occurs shall report the same to the office of the Commissioner of Health, in the manner and within the time required, and said report shall be signed by the practitioner in the first case, and by the father or occupant in the second case. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person living in the house where such birth occurs, to report the same to the office of the Commissioner of Health, in the manner and within the time required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

1236.]

RETURN OF A BIRTH. 78066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 October 1914
4. *Place of Birth, (Street and Number)* 850 E Pratt St
5. *Full Name of Mother,* Lena Goldstein
6. *Mother's Maiden Name,* Rosenstein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abeyed Goldstein
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E Sherman

Address, 12 Aberdeen

Remarks,

8 9 6 0 0 0 4 7 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Clerk of the Circuit Court in the form of a certificate between the first and the third day of each and every month to the office of the Clerk of the Circuit Court in the form of a certificate between the first and the attendance would be another child, immediately thereafter. It shall become the duty of the person or persons in attendance without the attendance of a physician or practioner of midwifery. In case the birth of any child any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine or tax (by) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1336]

RETURN OF A BIRTH. 78067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col

3. Date of Birth, Oct 28 - 1896

4. Place of Birth, (Street and Number) 2554 Hudson Al.

5. Full Name of Mother, Annie Hall

6. Mother's Maiden Name, Annie Johnson

7. Mother's Birthplace, Va.

8. Full Name of Father, Moses Hall

9. Father's Occupation Waiter

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this return, Haughton Dunlap M.D.

Address, 301 E. 21st

Remarks.

8960004735

Wm. J. C. Dulany Co., City Printers and Stationers.

(Each coloured) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons having attendance upon the mother, immediately thereafter to become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-26-51

RETURN OF A BIRTH. 78068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: ~~Mathilde Maren~~ Charlotte Gobrecht

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 28th 96
4. Place of Birth, (Street and Number) 1604 E Chase St
5. Full Name of Mother, Mary Gobrecht
6. Mother's Maiden Name, " " Schroeder
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis A Gobrecht
9. Father's Occupation, Iron Moulder
10. Father's Birthplace, Charleston, S.C.

Name of Medical Attendant, or other person who makes this Return, Mrs O Bruns

Address, 1600 N Caster

Remarks,

B 960004736

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 October
4. Place of Birth, (Street and Number) 510 S. Dallas Str.
5. Full Name of Mother, Francis Gachowsky
6. Mother's Maiden Name, Nowicka
7. Mother's Birthplace, Pole
8. Full Name of Father, John Gachowsky
9. Father's Occupation Shoe-maker
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl.

Address, 838 S. Bond Str. Balto. Md.

Remarks,

8960004737

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate herein provided, to the Registrar of Vital Statistics, the date and number of each child, (if any shall have died,) the date of birth; and the Registrar shall issue without the attendance of a physician or Commissioner of Health. In case the birth of a first child shall occur upon the premises where a midwife, or midwife and nurse, shall be in attendance upon the mother, immediately thereafter it shall become the duty of such midwife or nurse to report such birth to the Registrar of Vital Statistics, in the manner and within the period prescribed in this section. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 78070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, October 28th 1896

4. Place of Birth, (Street and Number) 208 N. Camden Street

5. Full Name of Mother, Sarah E. Springer

6. Mother's Maiden Name, Sarah E. Tyrrell

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Jacob B. Springer

9. Father's Occupation Clerk

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960004738

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. And be it further enacted, That every birth shall be registered pursuant to the provisions of this act, and it shall be the duty of each and every physician, midwife, or other person having charge of or rendering assistance to the mother during or after birth, to report, or cause to be reported, all births at which he or she was in attendance. If the child is born in a house, the report shall be made from the house, and the physician, midwife, or person in charge shall state the number of the house in the report; if born in a hospital, institution, or any other place, the report shall be made from such place. The certificate of birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother immediately after the birth, it shall be the duty of the mother of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any neglect or refusal of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the same can be ascertained the full name of each child, (if any shall have ... or her care during the
said schedule shall be delivered, duly signed by the practitioner, the full name and occupation of its parents, the date and place of birth; and the
third day of each and every month to the office of the Commissioner of Health, in the form of a certificate between the first and
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in. In case the birth of any child
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall thereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Oct 25 - 1896
4. *Place of Birth, (Street and Number)* 2 Rogers Avenue
5. *Full Name of Mother,* Laura Carter
6. *Mother's Maiden Name,* Laura Davenport
7. *Mother's Birthplace,* Northumberland Co, Va.
8. *Full Name of Father,* Travis Carter.
9. *Father's Occupation* Sailor.
10. *Father's Birthplace,* Northumberland Co, Va.

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin

Address,

Remarks,

1896004739

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 28 — 1896
4. Place of Birth, (Street and Number) 1903 Gough St.
5. Full Name of Mother, Rose Frick
6. Mother's Maiden Name, Rahmis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard Frick
9. Father's Occupation Capt. of a Vessel
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Fratt St.

Remarks,

8 9 6 0 0 0 4 7 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty.—Any person required by law to report the birth of any child who shall neglect or refuse to make such report within the time prescribed by law, or who shall report any false statement touching any of the particulars required to be reported, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars, or by imprisonment not exceeding thirty days, or both, at the discretion of the court. Any person who shall neglect or refuse to report the birth of any child as required by this section, or who shall report any false statement touching any of the particulars required to be reported, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 28 — 1896
4. *Place of Birth, (Street and Number)* 23 S. Ann St.
5. *Full Name of Mother,* Laura Sillman
6. *Mother's Maiden Name,* Gray
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert A. Sillman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8960004741

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly filled up, to the person in charge of the office of the Commissioner of Health. In case the birth of any child third day of each and every month, a like schedule of the births of such children born within the last preceding month, and in case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of such child to report its birth to the Commissioner of Health, at the office aforesaid, within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine or fines for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 78074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 21/96
4. Place of Birth, (Street and Number) 1114 Stricker St.
5. Full Name of Mother, Annie Jenkins
6. Mother's Maiden Name, Boswell
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Jenkins
9. Father's Occupation Painter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Dr Deisenhofer

Address, 241 S. Washington Av.

Remarks,

8 9 6 0 0 0 4 7 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH. 78075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 28/96
4. *Place of Birth, (Street and Number)* 313. S. Chapel Dd.
5. *Full Name of Mother,* Annie Brown
6. *Mother's Maiden Name,* " Blondt
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Konrade Brown
9. *Father's Occupation* Saloonkeeper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Leisenhofer

Address, 241 S. Washington St.

Remarks,

8760004743

Wm. J. C. Dulany Co., City Printers and Stationers.

Any Physician or other person who shall neglect or refuse to make the return required by the Commissioner of Health, as to any birth which may have occurred under his or her care during the said fifteen days, shall be guilty of a misdemeanor, and on conviction thereof shall be fined for each child, of any, shall have been conferred) its sex, color, the full name and occupation of its parents, time of each child, of any, shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and the shall occur without the city limits, or within the city of persons or parents of such attendance upon the mother, immediately thereafter. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above named, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 28th 96
4. Place of Birth, (Street and Number) 910 N. Eutaw Ave.
5. Full Name of Mother, Anna C. McElmen
6. Mother's Maiden Name, Shubert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William A. McElmen
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, William Cook M.D.

Address, 1600 N. Eutaw Ave.

Remarks,

8960004744

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2

1. *Sex.* (*state whether male or female*) Female
2. *Race or Color.* (*if not of the white race*)
3. *Date of Birth,* 28 Oct.
4. *Place of Birth.* (*Street and Number*) 1626 S. Ann St
5. *Full Name of Mother,* Louise Kamlah
6. *Mother's Maiden Name,* Fiesel
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Karl Hamlah
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. M. L. Ellis

Address, 802 E. Lexington St.

Remarks,

been conferred in the same can be ascertained the full name of each child, if any shall have died before such return shall be delivered, duly signed by the practitioner in charge of the case, the date and place of birth, and the full name, residence and occupation of the parents, the date and place of birth, and the sex, color, the full name and occupation of the parents, the certificate between the first and shall occur within the city of Baltimore, every midwife, or physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child born alive, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960004745

... as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 28 of October 1896
4. *Place of Birth, (Street and Number)* No 1503 Federal St
5. *Full Name of Mother,* Kate Schaffer
6. *Mother's Maiden Name,* Kate Breen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Andrew Schaffer
9. *Father's Occupation* Clothing Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ch Lucer

Address, No 1059 Harford Ave

Remarks, Bal. Md

1896

18960004746

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) -7-

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 2d Oct 1896 at 10 minutes 7-4- P. M
4. *Place of Birth, (Street and Number)* 414 Bethel north
5. *Full Name of Mother,* Ida Walker
6. *Mother's Maiden Name,* — — Morgan
7. *Mother's Birthplace,* Balto Md city
8. *Full Name of Father,* Saml Compton
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Md. the man was ever Town

Name of Medical Attendant, or other person who makes this Return. J. Shiner Amos Cooper

Address, 921 Shuter Street

Remarks, nicely Child and Mother Balto City Md

8960004747

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in charge of the case, at the office of the Registrar of Vital Statistics, Board of Health, within the said city, at the Commissioner of Health, in the presence of a practitioner of medicine upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 29th, 1896
4. *Place of Birth, (Street and Number)* 410 Hoffman Street
5. *Full Name of Mother,* Celia Dawson
6. *Mother's Maiden Name,* Celia Dawson
7. *Mother's Birthplace,* Berkley Springs W. Virginia
8. *Full Name of Father,* Harry Saunders
9. *Father's Occupation,* Electrician
10. *Father's Birthplace,* Maine

Name of Medical Attendant, or other person who makes this Return. Mr. Magdalene Warner, M.D.

Address, 410 Hoffman Street West

Remarks,

8960004748

The law requires the full name and occupation of the parents, the color, place of birth, and the name of every child born alive, to be recorded. Place of birth; and the said duplicate certificate shall be delivered, duly signed by the practitioner in the form of a certificate of return, at the office of the Commissioner of Health, in the manner and within the period above specified. In case the birth of any child shall occur without the attendance of a practitioner, the certificate of return shall be signed by the attendant in charge, if there be such attendant, and if not, by the mother, immediately thereafter. It shall become the duty of the person or parents of such child (or person having charge of the same) to report the birth of such child to the Commissioner of Health, in the manner and within the period above specified, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

M 1336

RETURN OF A BIRTH. 7808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	October 29th
4. Place of Birth, (Street and Number)	936 W. Mulberry St
5. Full Name of Mother,	Elizabeth Braums
6. Mother's Maiden Name,	Eckermann
7. Mother's Birthplace,	Prussia Mosbach Baden Germany
8. Full Name of Father,	H. D. Aug. Braums
9. Father's Occupation	Clerk
10. Father's Birthplace,	Holstein Segeberg Lentzburg Hannover Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. A. M. Bulla
Address,	Millers Sta. near Townsend Str.
Remarks.	

8960004749

Wm. J. C. Dulany Co., City Printers and Stationers.

...the name can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, date and place of birth; and the full name and occupation of its parents, in the form of a certificate between the said schedule and every month to the officer or practioner of midwifery, of the person or parents of such child, or without the attendance of such person or parents, shall become and within the period above mentioned, attendance upon the mother, the Commissioner of Health, comply with the provisions of this section, to report the same to the Commissioner of Health, to be recovered as other fines and forfeitures are recoverable. child to report the same to the Commissioner of Health, shall be guilty of a misdemeanor and upon conviction thereof, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* October 29th 96
4. *Place of Birth, (Street and Number)* No 940 Mason St
5. *Full Name of Mother,* Ella Johnson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park Ave

Remarks,

... the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960004750

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 29 1896
4. *Place of Birth, (Street and Number)* 1135 N Stricker
5. *Full Name of Mother,* Grace Swann
6. *Mother's Maiden Name,* Gatsch
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Eugene Swann
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Tuttle

Address, 1830 Breton St

Remarks,

8960004751

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 7884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 29th 1896
4. *Place of Birth, (Street and Number)*	882 Williams St
5. *Full Name of Mother.*	Mary Jane Johnson
6. *Mother's Maiden Name,*	" " Harris
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Charles Johnson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Dr Lawrence Buckler
Address,	223 E. Pratt St
Remarks,	

8960004752

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...shall be delivered, duly signed by the practitioner in charge or either of the parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the parent or parents with whom the child resides shall be required to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SAFETY FILM KODAK

RETURN OF A BIRTH. 78085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 October 1896
4. *Place of Birth, (Street and Number)* 108 Tem St
5. *Full Name of Mother,* Bell Ey
6. *Mother's Maiden Name,* Bell Orman
7. *Mother's Birthplace,* Baltimor M D
8. *Full Name of Father,* Lais Ey
9. *Father's Occupation* Barkiper
10. *Father's Birthplace,* Baltimor M D

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

8960004753

Each certificate of birth shall state the sex, color, the full name and occupation of its parents, the street and number of the house where the birth occurred, the number of the child of the mother, and the date of birth; and every midwife or physician or practioner of midwifery, or should no other person be in attendance, the nurse in attendance at a birth, shall within the period above required, and shall deliver upon the mother, immediately thereafter, it shall become the duty of the person or persons who shall be in attendance at the birth of any child to report its birth to the Commissioner of Health, and with the name and address of such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Wht.
3. *Date of Birth,*	Oct. 29/96
4. *Place of Birth, (Street and Number)*	Liberty road (Rogers Estate)
5. *Full Name of Mother,*	Mrs Theodore Taylor
6. *Mother's Maiden Name,*	Eugenia Fowler
7. *Mother's Birthplace,*	Carroll Co. Md.
8. *Full Name of Father,*	Theodore Taylor
9. *Father's Occupation*	Laborer in Saw mill
10. *Futher's Birthplace,*	Carroll Co Md.
Name of Medical Attendant, or other person who makes this Return.	E. A. Smith M.D.
Address,	2531 Penna. Ave.
Remarks,	

8960004754

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child of her care during the time she shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third days of each month, and shall set forth as far as the same can be ascertained the full name of each child of her care during the time she shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and shall have such other and further information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, until such report is made. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 78087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 29/96
4. Place of Birth, (Street and Number) 1832 E. Lombard St.
5. Full Name of Mother, Louise Fuchs
6. Mother's Maiden Name, Margaretha
7. Mother's Birthplace, Germany
8. Full Name of Father, John Fuchs
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Weisenfels

Address, 241 S. Washington Ave.

Remarks,

8960 04755

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 78088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Single

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 29 1896

4. Place of Birth, (Street and Number) 1122 N Mount St.

5. Full Name of Mother, Dora Richardson

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father;

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. A. H. Flanebury M.D

Address, 1122 N Mount St

Remarks, Normal Labor L.O.A.

8960004756

Wm. J. C. Dulany Co., City Printers and Stationers.

Medical attendant shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and the certificate shall state the number of children born to the mother, the number of these still living, and the address of the parents. If a birth shall occur without the attendance of a practitioner, it shall become the duty of the person or parents of such child to report the same within ten days after the occurrence of the birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78089 over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - William Siebert ~~Gross~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29th of October 96
4. Place of Birth, (Street and Number) 312 Forrest St
5. Full Name of Mother, Elisabeth Gross
6. Mother's Maiden Name, Elisabeth Bender
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Gross
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kessler Milbrith

Address, 2116 W Pratt St

Remarks,

8960004757

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person in charge of any institution, public or private, and every physician, midwife, or other person in attendance upon the mother, immediately thereafter, is hereby required to report to the Commissioner of Health, in the manner and within the period above required, and in accordance with the rules and regulations of the Board of Health, the birth of each child born in such institution or under his care during the next succeeding month; and in case of twins, triplets, or other multiple births, the particulars required shall be ascertained for each child, and a separate certificate be given for each child. If any such person shall neglect or refuse to make such report, or shall knowingly make any false report, he shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not more than one hundred dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, ~~(state whether 1st, 2d, 3d, &c.)~~

1. Sex, ~~(state whether male or female)~~
2. Race or Color, ~~(if not~~ of the white race)
3. Date of Birth, Oct 29th 1896
4. Place of Birth, (Street and Number) 305 N. Carey St
5. Full Name of Mother, Lillie M. Cline
6. Mother's Maiden Name, Price
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward De Cosmo Cline
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elias A Price M.D.

Address, 102 Madison St

Remarks,

1 8 9 6 0 0 0 4 7 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Each competent physician or midwife in attendance upon the mother, or if there be none, then the father or householder, shall ascertain the full name of each child, its sex, color, the full name and occupation of its parents, the place of birth of each child, (if any shall have been born dead), and shall deliver, duly signed by the practitioner in the form of a certificate hereinafter specified, on or before the third day of each month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the father or householder to report its birth to the Commissioner of Health, in the manner and within the period of time aforesaid, and any such person who shall wilfully neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Form 1336]

RETURN OF A BIRTH. 78091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29th Oct. 1896.
4. Place of Birth, (Street and Number) 132 E. Barney Street
5. Full Name of Mother, Mary Boeff
6. Mother's Maiden Name, Ö Beckeman
7. Mother's Birthplace, Germany
8. Full Name of Father, Philipp Boeff
9. Father's Occupation Dealers in Groceries and Liquors
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1825 Light Street

Remarks, Young Well

8960004759

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. That hereafter it shall be the duty of every physician or midwife, or person acting as such, who shall be in attendance upon any case of birth occurring within the limits of Baltimore City, to report to the Commissioner of Health, within ten days after the birth, the full name and residence of the parents, the sex, color, the full name and occupation of the father, the place of birth, the number of the child of the mother, and the full name and residence of the person reporting the birth, in the form of a certificate between the first and third day of each and every month, to be delivered, duly signed by the person reporting the birth, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person in said schedule shall be delivered, duly signed by the person reporting the birth, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and child to report its birth to the Commissioner of Health. In case any person shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct. 29th 1896
4. Place of Birth, (Street and Number) #1304 Small Alley
5. Full Name of Mother, Mrs Emma Clarke
6. Mother's Maiden Name, Miss Emma Hines
7. Mother's Birthplace, Louisiana Md
8. Full Name of Father, Mr. Thomas Clarke.
9. Father's Occupation Laborer
10. Father's Birthplace, Harford County Md.

Name of Medical Attendant, or other person who makes this Return, Dr. Collier Hines

Address, #1010 N. Chapel st.

Remarks,

8960004760

Wm. J. C. Dulany Co., City Printers and Stationers.

Each omission of sex, color, the full name and correct residence of the parents, the correct place of birth, and the omission to state whether the child is the 1st, 2d, 3d, &c., child born of the mother, shall be deemed a misdemeanor, and any person convicted thereof shall be fined not more than fifty (50) dollars for each offence. Any physician or midwife who shall neglect or refuse to make the return required by this section within ten days after the birth of any child attended by him or her, shall forfeit and pay for each such offence a sum not exceeding twenty (20) dollars, to be recovered as other fines and forfeitures are recoverable. And any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Fem.
2. Race or Color, (if not of the white race)
3. Date of Birth, 30 Oct.
4. Place of Birth, (Street and Number) 1219 E Lexington st
5. Full Name of Mother, Antonia Adler
6. Mother's Maiden Name, Krause
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Louis Adler
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Wm. R Ulbrig

Address, 1302 E. Lexington st

Remarks,

1896 00 04761

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Born Oct 30th 1896
4. *Place of Birth, (Street and Number)* #1821 Lombard St.
5. *Full Name of Mother,* Mrs. Fredericka Yager.
6. *Mother's Maiden Name,* Miss. " Wertenz
7. *Mother's Birthplace,* Wertenberg. Germany
8. *Full Name of Father,* John Yager
9. *Father's Occupation* Labor.
10. *Father's Birthplace.* Wertenberg. Germany

Name of Medical Attendant, or other person who makes this Return. Mars. Kiffler

Address, #2008 Mc Henry St.

Remarks,

1896000004762

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, by the Physician, Midwife or other person in attendance upon the birth of any child, the full name and occupation of its parents, the date and place of birth; and the Physician, Midwife or other person in attendance upon the birth of any child shall once every month, in the office of the Commissioner of Health, issue to such person a certificate between the first and third day of each and every month in the form of a certificate between the first and shall occur without the attendance of a physician or practicioner of midwifery, or should such person shall neglect or refuse to comply with the provisions of this section, he shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 30
4. Place of Birth, (Street and Number) 2812 Lanvale st
5. Full Name of Mother, Martha Ann Cole
6. Mother's Maiden Name, Martha Ann Waggner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Isaac Cole
9. Father's Occupation Feeder & Varnisher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Jane Perego

Address, 2847 Lanvale st

Remarks,

8960004763

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 78096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 30/96
4. Place of Birth, (Street and Number) 1524 Retreat St.
5. Full Name of Mother, Mrs Thos. Fishpaugh
6. Mother's Maiden Name, Maggie Jamison
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Thomas Fishpaugh
9. Father's Occupation Motorman
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2531 Penna. Ave

Remarks,

8960004764

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 18097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elmer Adam ~~Neubauer~~

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 7 th

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 30th of October 96
4. *Place of Birth*, (*Street and Number*) 2036 W Pratt St
5. *Full Name of Mother*, Katie Neubauer
6. *Mother's Maiden Name*, Katie Philippe
7. *Mother's Birthplace*, Balto
8. *Full Name of Father*, Georg Neubauer
9. *Father's Occupation* Fireman
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St

Remarks, GIVEN NAME ADDED 6-17-53 L.M.

8960004765

...C. Dulany Co., City Printers and Stationers.

...each child, (if any shall have been born since the last return,) the full name of each child, the sex, color, the full name and occupation of its father, the full maiden name of its mother, the date and place of birth, and the number of the street and house in which the birth occurred, duly signed by the practitioner in the form of a certificate hereto annexed, or by the mother, if no practitioner shall have attended upon the mother, immediately thereafter, at the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a practitioner or midwife, or if the person or persons of such family who are required to report the birth to the Commissioner of Health, in the manner and within the period above specified, shall fail to report the birth to the Commissioner of Health, in the manner and within the period above specified, and such child shall hereafter die without having been reported, the person or persons of such family who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Oct 23 96
4. *Place of Birth,* (*Street and Number*) 19 Belair Ave
5. *Full Name of Mother,* Theresa Siefert
6. *Mother's Maiden Name,* Kolb
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Christ Siefert
9. *Father's Occupation* Beer Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Conrad Walter

Address, 1605 Walker St

Remarks,

18960004765

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if any, within thirty days after the birth; and the third day of each and every month thereafter the Commissioner shall furnish a certificate between the first and tenth days of the month following, to the City Comptroller, stating the number of births which shall occur without the attendance of a physician or practioner of midwifery. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, and no return of such birth shall be made as aforesaid, the Commissioner of Health shall cause the fact to be investigated, and if it shall appear upon the investigation that the mother immediately thereafter, or within the period above required, had the child properly registered, the Commissioner of Health, in the manner and within the period above required, shall cause the same to be registered. Any person who shall violate any of the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 30th 1896
4. Place of Birth, (Street and Number) Alicearma. St 1525
5. Full Name of Mother, Mary Fox
6. Mother's Maiden Name, Mary West West
7. Mother's Birthplace, Germany
8. Full Name of Father, Steven Fox
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs. Anna Lenz midwife.

Address, 1539 Alicearma St

Remarks,

8 9 6 0 0 0 4 7 6 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month; and the Commissioner of Health is authorized to require that every birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, where it lives, to report the birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 30th 96.
4. Place of Birth, (Street and Number) 115 S. Stricker St.
5. Full Name of Mother, Adele McCauley
6. Mother's Maiden Name, Adele Bayer
7. Mother's Birthplace, Sykesville, Md
8. Full Name of Father, William F. McCauley
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Henry C. Dillet, M.D.

Address, 1708 W. Fayette St.

Remarks,

8960004768

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and no other person shall have the power to sign the certificate of birth in the case of any child whose birth shall occur without the attendance of a physician or practitioner of midwifery, or in the absence of such practitioner, shall become the duty of the person or persons in charge of the house in which such child shall be born, immediately thereafter, to report its birth to the Commissioner of Health, and to comply with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 18101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth. Oct 31st 1890 Middle

4. Place of Birth, (Street and Number) 411 Middle

5. Full Name of Mother, Mrs Francis Howard

6. Mother's Maiden Name, Miss Francis Stepney

7. Mother's Birthplace, Anne Arundel Co

8. Full Name of Father, Mr. Isaac Howard

9. Father's Occupation Laborer

10. Father's Birthplace, Anne Arundel

Name of Medical Attendant, or other person who makes this Return, Mrs Cordelia Howard

Address, 1011 E. Chapel st

Remarks,

8960004769

ecu conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate herein provided, to the third day of each and every month of the Commissioner of Health. In case the birth of any child shall occur with no physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[FORM 1236.]

… the Commissioner of … of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 30 1896
4. *Place of Birth, (Street and Number)* No. 1814 N. Dallas st.
5. *Full Name of Mother,* Annie O'Donnell
6. *Mother's Maiden Name,* Annie Wise
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Bernard O'Donnell
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Aug. A. Clewell M.D.

Address, 1241 Harford ave

Remarks,

8960004770

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30th of October 96
4. Place of Birth, (Street and Number) 215 Pulaski St
5. Full Name of Mother, Pauline Rapmann
6. Mother's Maiden Name, Pauline Krups
7. Mother's Birthplace, Germany
8. Full Name of Father, Georg A. Rapmann
9. Father's Occupation Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W. Pratt St.

Remarks,

8960004771

been conferred; his sex, color, the full name and occupation of the parents, the number and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter provided, and the shall occur within the said month, to the office of the Commissioner of Health. In case the birth of a live and attendance upon the mother, immediately thereafter, it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 78104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 October
4. *Place of Birth, (Street and Number)* S. Dallas Str. 709
5. *Full Name of Mother,* Josefsine Kwacky
6. *Mother's Maiden Name,* Russin
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Lukas Kwacky
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary (B.) Pretl

Address, 838 S. Bond Str. Balto. Md.

Remarks,

8460304772

Wm. J. C. Dulany Co., City Printers and Stationers.

the same can be ascertained the full name of such child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person giving the same, or certified by the oath of the person making the same, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within ten days thereafter to furnish the said information required by this section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct- 30/96
4. *Place of Birth, (Street and Number)* 1016 E. Lombard st
5. *Full Name of Mother,* Hanna Stein
6. *Mother's Maiden Name,* Hanna Goldberg
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Stein
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medicat Attendant, or other person who makes this Return, Jetta Klausner

Address, 1022 E. Lombard St

Remarks,

1 8960004773

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed, to the officer of the Board of Health, at the office of the Board, in the City Hall, within ten days after the birth; and the said officer, within the first ten days of each and every month, is required to call at the office of each practitioner in the form of a certificate, to receive the said schedule, and the said practitioner is required to deliver the same, duly signed, to the said officer, without the attendance of a physician or practitioner, shall, within ten days after the birth of any child to report its birth to the Board of Health. In case the birth of any child occurs without the attendance of a physician or practitioner, the father, or, if he be dead, or absent from the city, or should no other person be in attendance, then the mother, if able, shall become the duty of the mother, if able, shall become the duty of the father, or, if he be dead, or absent from the city, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-1-58

RETURN OF A BIRTH. 78106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Leona Irma Frostburg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 31st 96
4. Place of Birth, (Street and Number) Bond St 1745
5. Full Name of Mother, Jenny Frostburg
6. Mother's Maiden Name, " " Ripsen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Frostburg
9. Father's Occupation Plasterer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs J Bruns

Address,

Remarks,

B 9 6 0 0 0 4 7 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall schedule shall be delivered, duly signed by the proper person in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Such certificate between the first and third day of each and every month to the office of the Commissioner of Health. Such certificate shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance within the time prescribed for the delivery of such schedule, the mother or nurse shall, for the space of ten days after the birth of such child, report its birth to the Commissioner of Health. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 31 of October 1896
4. *Place of Birth, (Street and Number)*	No 1503 Eutaw St
5. *Full Name of Mother,*	Maggie E Dick
6. *Mother's Maiden Name,*	Maggie E Brady
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Charles E. Dick
9. *Father's Occupation*	Cigarmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	[illegible]
Address,	[illegible]
Remarks,	Bal. [illegible] 96

8960004775

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 31 — 1896
4. Place of Birth, (Street and Number) 333 S. Caroline St.
5. Full Name of Mother, Lucy Vodey
6. Mother's Maiden Name, Hawkins
7. Mother's Birthplace, Lynchburgh Va
8. Full Name of Father, Charles F. Vodey
9. Father's Occupation Grocery Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who makes this Return, Mary Steiner

Address, 1427 E. Oraft St.

Remarks,

8960004776

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) the sex, color or the full name can be ascertained) the full name of such child (if any) the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person in charge of such child to give notice thereof, immediately thereafter, to the Registrar of Vital Statistics, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sat 31st October 1896
4. Place of Birth, (Street and Number) 407 Pearl st
5. Full Name of Mother, Sarah Catharine Corprew
6. Mother's Maiden Name, Sarah Catharine Redgrave
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George Thomas Corprew
9. Father's Occupation, Laborer
10. Father's Birthplace, State VA, Virginia

Name of Medical Attendant, or other person who makes this Return. Jane Butler

Address, 208 Myrtle ave

Remarks, Mother 7 child with us now

1896 080477

Some can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate hereinafter required, to the parent within the time prescribed by the Commissioner of Health. In case the birth of any child third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section, any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth. 31 of Oct 1896.
4. Place of Birth, (Street and Number) Baltimore Md 1416 Mc Henry
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Germany
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, Jno Mary Fanning

Address, 414 S Stricker St. Baltimore Md

Remarks, Mother and Child doing well.

8960004778

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the births which have occurred under his or her care during the said month, as far as the same can be ascertained, the full name of each child, if it have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and shall have said return verified by the affidavit of the practitioner in the form of a certificate between the first and third days of each month succeeding the birth or births. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or one of the persons in any such family in which such birth occurs, to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

(Form 1236.)

RETURN OF A BIRTH. 78112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI
2. Sex, (state whether male or female) Girl
3. Race or Color, (if not of the white race) White
4. Date of Birth, Oct. 31/96
5. Place of Birth, (Street and Number) 519 S. Conmon St.
6. Full Name of Mother, Christina Janne
7. Mother's Maiden Name, " Holzhauser
8. Mother's Birthplace, Germany
9. Full Name of Father, Ernest A. Janne
10. Father's Occupation Carpenter
11. Father's Birthplace, Germany
12. Name of Medical Attendant, or other person who makes this Return, Mrs. Heisenleder
13. Address, 241 S. Washington St.
14. Remarks, 8960004779

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] 1236.]

[illegible] shall set forth as far as the same can be ascertained [illegible] which have occurred under his or her care during the [illegible] been conferred) its sex, color, the full name and occupation [illegible] the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner [illegible] of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and [illegible] of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 31/96
4. *Place of Birth, (Street and Number)* 532 S. Caroline St.
5. *Full Name of Mother,* Maggie Adler
6. *Mother's Maiden Name,* A. Pfaff
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Adler
9. *Father's Occupation* Backer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Leichhofer

Address, 241 S. Washington St.

Remarks,

8960004780

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Oct 31st 1896
4. *Place of Birth, (Street and Number)*	# 206. Harrison, St
5. *Full Name of Mother,*	Mrs. Annie Volkman
6. *Mother's Maiden Name,*	Miss. " Sabauer
7. *Mother's Birthplace,*	Bayern Germany
8. *Full Name of Father,*	John Volkman
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Hessen Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	# 2008 No. Henry St
Remarks,	

8960004781

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and residence of the father, the date and place of birth, and the number of children, if any, of the mother, and the number of such children living, and the number dead, and the full name and residence of the physician or midwife, if any, in attendance upon the mother, and the number of the certificate of birth (if any has been conferred) in the form of a certificate between the first and second lines of the same, and shall subscribe his name to the same. The said certificate shall be signed by the physician or midwife, if any, in attendance upon the mother, and if there be none, then by the father or mother of such child, or the owner or agent of the house in which the birth occurs, or the person who has charge of such child, within ten days after the birth, and shall be delivered by the person who signs it, or caused to be delivered, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of the said child; shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Oct 31 - 1896.
4. *Place of Birth, (Street and Number)* 2232 E. Chase St.
5. *Full Name of Mother,* Emma Jane Wolfson
6. *Mother's Maiden Name,* Emma Jane Phipps
7. *Mother's Birthplace,* Jonesboro, Md.
8. *Full Name of Father,* Frank Wolfson
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin

Address, The Johns Hopkins Hospital

Remarks,

8960004782

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 31st 1896
4. *Place of Birth, (Street and Number)* 2110 Wallbrook ave
5. *Full Name of Mother,* Josephine A. La Motte
6. *Mother's Maiden Name,* " " Fuller
7. *Mother's Birthplace,* Erie, Pennsylvania
8. *Full Name of Father,* Monroe W. La Motte
9. *Father's Occupation* Railway Postal Clerk
10. *Father's Birthplace,* Manchester, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. C. Shower M.D.

Address, 1224 W. North ave.

Remarks,

8960004783

Wm. J. C. Dulany Co., City Printers and Stationers.

The penalty for a sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person in attendance upon the mother immediately thereafter it shall become the duty of the person or persons in any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 31st 1896
4. Place of Birth, (Street and Number) 1713 Riggs Ave.
5. Full Name of Mother, Leah Adelaide Hesson
6. Mother's Maiden Name, Hill
7. Mother's Birthplace, Carroll Co. Md
8. Full Name of Father, Jas. F. Hesson
9. Father's Occupation, Merchant (Retail)
10. Father's Birthplace, Adams Co. Pa.

Name of Medical Attendant, or other person who makes this Return, Paul F. Goodwin

Address,

Remarks,

B 9 6 0 0 0 4 7 8 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31 October
4. Place of Birth, (Street and Number) 738 S. Bond Ste,
5. Full Name of Mother, Josefsine Pinkowska
6. Mother's Maiden Name, Pinkowska
7. Mother's Birthplace, Pole
8. Full Name of Father, Andy Pinkowska
9. Father's Occupation, Work
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretty

Address, 838 S. Bond Ste

Remarks, Balto. Md.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 7 6 0 0 0 4 7 8 5

RETURN OF A BIRTH. 7811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

78119

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31 October
4. Place of Birth, (Street and Number) Aliciana Str 1722
5. Full Name of Mother, Francis Pjechowska
6. Mother's Maiden Name, Biskupska
7. Mother's Birthplace, Pole
8. Full Name of Father, Joseph Pjechowski
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return,

Address, 838 S. Bond Str.

Remarks, Mary Roth Balto. Md.

8 9 6 0 3 6 4 7 8 6

...City Printers and Stationers.

RETUR[illegible] OF [illegible]

[illegible]ne Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

78120

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White
3. Date of Birth, Octo 31st 1896
4. Place of Birth, (Street and Number) 531 N. Fremont st
5. Full Name of Mother, Rebecca Lan.
6. Mother's Maiden Name, " Millar
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Lan.
9. Father's Occupation Shoemaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, J. Ridpath

Address, 1123

Remarks,

[illegible]ved as other lines and forth.

[illegible]y Co., City Printers and Stati[illegible]

896000 4787

RETURN OF A BIRTH

78121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimo

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. —/96
4. *Place of Birth, (Street and Number)*	911 Calhoun St.
5. *Full Name of Mother,*	Emma Hofman
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	White
8. *Full Name of Father,*	Maryland
9. *Father's Occupation*	Geo. A. Hofman
10. *Father's Birthplace,*	Farmer
Name of Medical Attendant, or other person who makes this Return.	Maryland
Address,	Wm B Ridle
Remarks,	47 Harlem Ave.

8960004788

Wm. J. C. Dulany Co., City Printers and Stationers.

Notice: This schedule shall contain a list of the names of each child born alive within the district of the Registrar to whom it is addressed during the month next preceding the date of the certificate, and the date and place of birth of each child, and shall set forth as far as the same can be ascertained the full name of each parent, the date and place of the birth of each parent, the maiden name of the mother, the residence of the parents, the number of children born to the mother (including those born dead after the first seven months of pregnancy), whether the child named in the schedule was born in wedlock or not, and whether the birth was attended by a physician or midwife. The schedule shall be delivered daily signed by the person attending the birth, or by the father or mother of the child, to the Registrar of the district, or left at his office, or mailed to him, postage paid, on the same day, addressed to his office, and in case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and in case any person or parents shall fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 3rd 1896.
4. Place of Birth, (Street and Number) 1039 N. Central Ave.
5. Full Name of Mother, Clara M. Behn
6. Mother's Maiden Name, " " Engelmyer
7. Mother's Birthplace, Balto. City
8. Full Name of Father, John Behn, Jr.
9. Father's Occupation Bricklayer
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8960004789

...ates. This schedule shall contain a true and perfect record of the full name of each child, if any shall have ...en born alive, and the same can be ascertained; the full name of the parents, the time and place of birth; and the ...month, and shall set forth, in case of color, the full name and occupation of the father, of a certificate between the first and ...ond schedule shall be delivered, duly signed by the attendant, in the form of a certificate between the first and ...ond schedule shall be delivered, duly signed by the attendant, in the form, to the Commissioner of Health. In case the birth of any child ...all occur without the aforesaid attendance, the mother, or other person having charge of such child, shall ...ake return of the same to the Commissioner of Health, in manner and within the period above required, and ...third day of each and every month to the Physician or practicer of midwifery, or should no other person or parents of such ...child reside in the house where such birth shall occur, then the Physician or practicer of midwifery, or parents of such ...shall occur without the aforesaid attendance, the mother, or other person having charge of such child, shall ...immediately hereafter it shall become the duty of the Physician or practicer of midwifery, or parents of such ...child reside in the house where such birth shall occur, then the Physician or practicer of midwifery, or parents of such ...attendance upon the birth to the Commissioner of Health, and within the period above required, and ...child to report the birth to the Commissioner of Health, and within the period above required, and ...any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...and Statistics

RETURN OF A BIRTH. 78123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

78123

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 9th 1896
4. Place of Birth, (Street and Number) 178 Eutaw st
5. Full Name of Mother, Maggie Salow
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Salow
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kopitsh

Address, 205 N Washington st

Remarks,

1896 0 0 1779 0

Wm. J. C. Dulany Co. ... and Sta...

...And be it further enacted and ordained that every person practicing midwifery in ... shall keep a true ... birth hereafter take place, shall keep a true ... more under whose charge or supervision he since on blank schedule, to be furnished by ... ister of such births, and shall contain a list of the births which have occurred under his or her care during the ... Health, and shall set forth as far as the same can be ascertained from the Parents, the date and place of birth, first and ... been conferred) the sex, color, the full name of each child, (if any shall have been conferred) the full names of its Parents, the date and place of birth, first and ... said schedule shall be delivered within one month to the office of the Commissioners of Health, or should no other person be in ... third day of each and every month to the office of the Commissioners of Health, in the manner and within the period aforesaid, ... attendance upon the mother, immediately after the birth of the child, it shall become the duty of the person or parents of said ... child to report its birth to the Commissioners of Health, in the manner and within the period aforesaid; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

78124

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Ba

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 15 — 1896
4. Place of Birth, (Street and Number) 133 Spring row
5. Full Name of Mother, Dora Davison
6. Mother's Maiden Name, Dora Hallol
7. Mother's Birthplace, Russia
8. Full Name of Father, Max Davison
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finestone

Address, 25 Lloyd st

Remarks,

8960004791

...C. Dulany Co., City Printers and Stationers.

Section 3.—And be it further enacted and ordained that every person practicing midwifery in the C... Baltimore, under whose charge or superintendence any woman shall hereafter take place of residence, shall, within ... days after the birth of such child, cause to be entered under his or her care (having ... such birth, and shall furnish a list of the births which have occurred under his or her care during ... Health. This schedule shall be in the same form as the one which will be furnished by the Commissioner of ... month, and shall state the sex, color, the full name and the residence of the father and mother, and the ... been delivered, duly signed by the officer of the Commissioner of Health, or should no other person of ... third day of each and every month. If it shall become the duty of a physician or midwife to attend the ... shall occur without the mother immediately before, it shall be the duty of the physician or midwife ... attendance upon its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be ... child, or cause its birth to be registered as aforesaid, shall hereafter fail to comply with the provisions of this section shall be recoverable ... any such person or persons, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ORN OF A BIRTH ... Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. 7812

CERTIFICATE CORRECTED 11-20-61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

78125

Name: William K. Rau

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) ~~Female~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 12 1896
4. Place of Birth, (Street and Number) 1115 E. Baltimore St.
5. Full Name of Mother, Annie Rau ~~Rau~~ Rau
6. Mother's Maiden Name, Annie Kramer
7. Mother's Birthplace, Germany
8. Full Name of Father, John ~~Rau~~ Rau
9. Father's Occupation Jewelery - store keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Rosa Finsberg

Address, 25 Lloyd St.

Remarks,

+ 8960004792

Tulany Co. ... stors and Stationers.

Form 1238

RETURN OF A BIRTH. 78126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 12th 1896
4. Place of Birth, (Street and Number) 812 N Castle st.
5. Full Name of Mother, Marie Velenovsky
6. Mother's Maiden Name, Marie Svehla
7. Mother's Birthplace, Bohemaine
8. Full Name of Father, Charles Velenovsky
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemaine

Name of Medical Attendant, or other person who makes this Return, Mary Koptisch

Address, 705 N Washington St

Remarks,

8960001793

Wm. J. C. Dulany Co ...isters and Stationers.

register of such birth; and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name, date and place of birth; and the name, residence and occupation of the parents of each child of which he or she has been collected, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately after the birth of such child, report the same to the Commissioner of Health, in the manner and within the period above required, and shall report in like manner the name and residence of such physician or midwife, if any such there be, and the day and place of birth of such child, and the name, residence and occupation of the parents of such child to the Commissioner of Health. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

(Form 1236)

RETURN OF A BIRTH. 78127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct the 15th 1896
4. *Place of Birth, (Street and Number)* 130 N. Bradford st
5. *Full Name of Mother,* Mary Gross
6. *Mother's Maiden Name,* Mary E. Davis
7. *Mother's Birthplace,* Delmaine
8. *Full Name of Father,* Joe Gross
9. *Father's Occupation* Sobor
10. *Father's Birthplace,* Delmaine

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, 705 N. Washington st.

Remarks,

1896000047941

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1346.]

RETURN OF A BIRTH. 78128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, Oct 15 1896
4. Place of Birth, (Street and Number) 1001 Vincent ave
5. Full Name of Mother, Iren Janey
6. Mother's Maiden Name, Iren Bobrie
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, John H Janey
9. Father's Occupation Labor
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1610 Vincent st

Remarks, 8 9 6 0 0 0 4 7 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7/24/67

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltin

NAME: KATHRYN RUTH MARGOLLIS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 17. 1896
4. Place of Birth, (Street and Number) 108 S. Eden St
5. Full Name of Mother, Lola Margollis
6. Mother's Maiden Name, Lola Cidis
7. Mother's Birthplace, Russia
8. Full Name of Father, Charles Margollis
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finder

Address, 25 Lloyd St

Remarks,

8460004794

Register of each birth shall contain a list of the names written, the full name of each child born, the date of birth, and the Health. This schedule shall be filled out in the manner and with the information called for by the several items thereof as far as the same can be ascertained. It shall be the duty of the physician in charge of the case, or if there be no physician, the midwife in attendance, or in case the birth of any child occurs without the presence of a physician or midwife, then the father or mother of such child, or the householder or owner of the premises where the birth occurs, or the manager or superintendent of any institution where the birth occurs, shall become the duty of the person above required, and shall report the birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex., (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, Oct 20 1896
4. Place of Birth, (Street and Number) 1617 Vincent st
5. Full Name of Mother, Annie Barnes
6. Mother's Maiden Name, Annie Plater
7. Mother's Birthplace, Adamsvill Louistown
8. Full Name of Father, John Barnes
9. Father's Occupation Waiteress
10. Father's Birthplace, Ellocit Ciety
11. Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1610 Vincent St

Remarks,

5 7 6 0 0 0 4 7 9 7

Board of Vital Statistics
And be It further enacted and ordained that every person practicing in
whose charge or superintendence it is, to cause the birth of each child
birth, and shall enter a list of the births which have occurred under his or her
schedule shall be delivered, duly signed, at the office of the Commissioner of Vital Statistics, in the manner and within the time
shall be delivered, duly signed, at the office of the Commissioner of Vital Statistics, in the manner and within the time
and every attendance of a physician or practitioner in the form of midwifery, or should no other person required, such
the mother, immediately after the birth of such child, to make out a certificate of such birth, and cause the same to be
forthwith to the Commissioner of Health, in the manner and within the time prescribed above required; and
forthwith to the Commissioner hereafter fail to comply with the provisions of this section shall be
four dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 78

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Cit..

78131

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 20 1896
4. Place of Birth, (Street and Number) 104 S. High St
5. Full Name of Mother, Hesther Roseman
6. Mother's Maiden Name, " Shair
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Roseman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finsbe

Address, 25 [illegible]

Remarks,

5960004798

...ages or assisted and ordained that every person practicing midwifery in the City of ... such birth, and shall enter the same on blank schedule to be furnished by the Commissioner of ... months, and shall set forth as far as can be ascertained the full name of each child, (if any shall have ... schedule shall be delivered, duly signed by the practitioner in the form of declaration herein set forth, ... day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... did to report its birth to the Commissioner of Health, in the manner and within the period above required, ... such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ve full and correct

... the City of Baltimore.

(Form 1236.)

7P132

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Oct 24 1896
4. *Place of Birth, (Street and Number)* 1125 Kirk st
5. *Full Name of Mother,* Rachel Jennings
6. *Mother's Maiden Name,* Rachel Peaters
7. *Mother's Birthplace,* Anarandall Co Md
8. *Full Name of Father,* Wannie Jennings
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Anarandall Co Md

Name of Medical Attendant, or other person who makes this Return, Sara E. Rollins

Address, 1610 Vincent st

1 2960 004799

t Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SEC. 2.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall register with the Commissioner of Health his or her name and place of residence, and the number of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, which schedule shall contain a list of the births which have occurred under his or her care during the month next preceding the time of such report, and shall set forth in said schedule the full name of each child (if any shall have been named), the name and residence of its parents, the sex and color of each child, and such other facts as may be required by the Commissioner of Health; and the same can be ascertained; the full name of each child (if any shall have been named) shall be entered in said schedule at the time of the report thereof to the Commissioner of Health. Every midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth of such child, it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

78133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 29. 1896.
4. Place of Birth, (Street and Number) Fairview Ave. Frederick Road
5. Full Name of Mother, Emma Elgert
6. Mother's Maiden Name, Emma Engelhaupt.
7. Mother's Birthplace, Baltimore Maryland.
8. Full Name of Father, Wm. C. Elgert.
9. Father's Occupation Saloon Keeper.
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. John D. Mull

Address, Frederick Road

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur, shall keep a true and correct register of such birth, and shall enter the same in a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each and every person concerned, his sex, color, the full name and occupation of the parents of such child, and the time and place of birth; and the said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and such person or persons shall forfeit and pay for every such offence, to be recovered as other fines and forfeitures are recoverable by such person or persons, shall forfeit and pay for every such offence, to be recovered as other fines and forfeitures are recoverable. Jetzel to the fine of Ten (10) Dollars for each offence.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896 004800

RETURN OF A BIRTH. 781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Cit

78134

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 30th 18[illegible]
4. Place of Birth, (Street and Number) 25 S Castle st
5. Full Name of Mother, Mary Balle
6. Mother's Maiden Name,
7. Mother's Birthplace, Germaine
8. Full Name of Father, Thomas Balle
9. Father's Occupation Carpenter
10. Father's Birthplace, Germaine

Name of Medical Attendant, or other person who makes this Return, M.

Address, 205 N. [illegible]

Remarks.

1896004801

[illegible]day Co., City Printers

iater of such birth, and shall enter the same on blank schedule, to be furnished by the Commi
alth. This schedule shall contain a list of the births which have occurred under his or her care o
ed, and his or her certificate shall be the full warrant for the registry of each child (if such
conferred) its sex, color, the full name of each parent, the date and place of birth, and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in
attendance upon the mother, it shall become the duty of the person or persons residing in such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 7813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

78135

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Color
3. Date of Birth, Oc 81
4. Place of Birth, (Street and Number) 361 Dolphin st
5. Full Name of Mother, Sarah Digge
6. Mother's Maiden Name,
7. Mother's Birthplace, maryland
8. Full Name of Father, John Harriet
9. Father's Occupation, Teamster
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Annie

Address,

Remarks, Mfn

15760004802

AND STATIONERS

Th. This schedule shall contain a list of the births which have occurred under his or her care during the preceding month, and shall set forth as far as the same can be ascertained the full name, date and place of birth, sex, color, parentage and residence of each child born, and such other facts as may be required by the schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first day and the ... day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or practitioner, the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

78136

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct. 12th 1896
4. Place of Birth, (Street and Number) 1134 Low st.
5. Full Name of Mother, Rachel Levy
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Moses Levy
9. Father's Occupation Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Be...t

Address, 122 S. Exeter

Remarks,

+ 8 9 6 0 0 0 4 8 0 3

Wm. C. Mulany Co. City Print...

RETURN OF A BIRTH. 78137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child 2nd Girl

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White American

3. Date of Birth, October 23rd 1896

4. Place of Birth, (Street and Number) 811 Ashland Avenue

5. Full Name of Mother, Mrs Violet Knighton

6. Mother's Maiden Name, Violet St John

7. Mother's Birthplace, Washington D C

8. Full Name of Father, John Wells Knighton

9. Father's Occupation Candy Manufacturer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Martha A

Address, 160 E. C

Remarks,

8460004804

Wm. J. Dulany Co., City

RE[T]OF A BIRTH. 78138

CERTIFICATE CORRECTED 2-29-[illegible]

To the Office of [illegible]al Statistics, Board of Health, Baltimore City.

Name: August Bova

78138

No. of Child of Mother, (1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male) male

2. Race or Color, (if [illegible] race) white

3. Date of Birth, [illegible] 6th 1896

4. Place of Birth, ([illegible]er) 239 Low st.

5. Full Name of [illegible] Mary (Bowie) Bova
Silardi

6. Mother's Maid[illegible] Italy

7. Mother's Birth[illegible] Italy

8. Full Name of Fat[illegible] Frank (Bowie) Bova

9. Father's Occ[illegible] Fruit dealer

10. Father's B[illegible] Italy

Name of M[illegible] or other person who makes this Return, Mrs. C. Bernstein

Address, [illegible] E. Lexington st.

Remarks, ...

1896 0004805

[illegible] J. C. Delany Co., City Print[illegible] and S[illegible]

[illegible] on entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and no child schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or to such person as he shall authorize to receive it, under a penalty of [illegible] for neglect or refusal to report; and if any midwife or doctor without a midwife, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 26/96
4. Place of Birth, (Street and Number) 1109 Federal st East
5. Full Name of Mother, Edda Lillie Bull.
6. Mother's Maiden Name, Koller
7. Mother's Birthplace, York Co. Pa.
8. Full Name of Father, John A Bull.
9. Father's Occupation, Painter.
10. Father's Birthplace, Kent Co Md.

Name of Medical Attendant, or other person who makes this Return, Harriet A Foster

Address, 107 E Lanvale St.

Remarks,

1896000480 5

Every day of each and every month in the year, every physician or practioner of midwifery, or person so doing, who shall attend upon any birth, shall, within ten days thereafter, make a return of the same to the Registrar of Vital Statistics, at his office in the City of Baltimore, and if any such physician or practioner of midwifery, or person so doing, shall neglect or refuse to make such return, or shall make a false return, without the attendance of a physician or midwife, or shall neglect or refuse to report the particulars required by this section, within the period above specified, after being requested so to do by the Commissioner of Health, he shall become liable to a penalty of ten dollars for each offence; and the attendance upon the mother, and every person who shall hereafter be in attendance upon any woman in labor, shall report to the Commissioner of Health, within the period above specified, the birth of any child born of such woman in labor, and shall comply with the provisions of this section in relation to the return of births; and any such person who shall neglect or refuse to report as aforesaid, shall be subject to the like penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Male~~ 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 3th 1896
4. Place of Birth, (Street and Number) 2124 E. Pratt St.
5. Full Name of Mother, Lena Webster Tyler Foxwell
6. Mother's Maiden Name,
7. Mother's Birthplace, St. Mary's Co. Md.
8. Full Name of Father, Thomas Frank Tyler
9. Father's Occupation Merchant
10. Father's Birthplace, Somerset Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. P. Irons M.D.

Address, 1835 E. Baltimore St.

Remarks, This return was unintentionally overlooked

18960004307

7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 10 — 1896
4. Place of Birth, (Street and Number) 1620 Latrobe St. Balto.
5. Full Name of Mother, Laure anna Pearson
6. Mother's Maiden Name, L. A. Zywald
7. Mother's Birthplace, Neuchatel, Switzerland
8. Full Name of Father, Henry Pearson
9. Father's Occupation Salesman
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mrs Wooden

Address, 1000 East Hofmann St.

Remarks, as this makes 8 I trust there will be no more

said schedule shall be delivered, duly signed by the proper person, to the Registrar of Vital Statistics, at the office of the Commissioner of Health. In case the birth of any child shall occur upon the third day of each and every month, and no physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons in charge of such institution where such birth occurs, to report the same to the Registrar of Vital Statistics, within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 78144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct. 26, 1896
4. Place of Birth, (Street and Number)	1643 W. Lanvale St.
5. Full Name of Mother,	Emma D. Finch
6. Mother's Maiden Name,	Hoffman
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John E. W. Finch
9. Father's Occupation,	Bricklayer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	J. Ama Hood, M.D.
Address,	16 S. Gilmor St.
Remarks,	

B 9 6 0 0 0 4 8 0 9

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 7,8145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7te

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 31 Oktober
4. Place of Birth, (Street and Number) 2212 W. Lexington str.
5. Full Name of Mother, Margaretha Schmitzlein
6. Mother's Maiden Name,
7. Mother's Birthplace, Irund near Neustadten Oberfranken
8. Full Name of Father, Friedrich Schmitzlein
9. Father's Occupation Buttcher
10. Father's Birthplace, Marktesehendorf Oberfranken

Name of Medical Attendant, or other person who makes this Return, Anna Benedett

Address, 1914 W. Pratt str.

Remarks.

+ 8 9 6 0 0 0 4 8 1 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month next after the birth, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother, or, should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated; and any such person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Oct 20 96

4. Place of Birth, (Street and Number) 823 Mosher's Court

5. Full Name of Mother, Martha Fenden

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace, Frank H. Cooper

Name of Medical Attendant, or other person who makes this Return,

Address, 115 W. Lombard St

Remarks, 8960004811

register of the city. The schedule shall contain the name and residence of the physician, midwife or other person in attendance upon the birth of any child, and shall set forth as far as known, the following information in the form of a certificate of birth of any person born (or delivered) in the city, and shall be signed by the person giving the information. Such schedule shall be delivered every month to the officer or practitioner of the person or persons required, and third day of each month the attendance (if any) thereafter. It shall be the duty of the person or persons who shall occur upon the mother, Commissioner of Health to comply with the provisions of this section shall be child to report its birth, or in case of the absence or inability of the mother, then upon the father of such child, and in case there be no father, then upon any such person or persons who shall have charge of such child. Any person or persons who shall neglect or refuse, to be recovered as other fines and forfeitures are recoverable, subject to the fine of ten (10) dollars for each offence.

Wm. J. C. Dulany Co., City Printers and Stationers.

...]

register of such [illegible] Health. This schedule shall contain a list of [illegible] the [illegible] month, and shall set forth as far as the same can be ascertained, the date and place of [illegible] been conferred; its sex, colour, the full name and occupation of its parents, the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c*.) 2nd

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) Black
3. *Date of Birth*, Oct. 26th 1896
4. *Place of Birth*, (*Street and Number*) 515 Orchard St.
5. *Full Name of Mother*, Sarah Jenkins
6. *Mother's Maiden Name*, " "
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Unknown
9. *Father's Occupation*
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return, Frank H. Coops M.D.

Address, 115 W. Lombard St.

Remarks, 1896U004812

Wm. J. C. Dulany Co., City Printers and Stationers.

1230.]

RETURN OF A BIRTH. 78148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Oct 27 96
4. Place of Birth, (Street and Number) Mt Pleasant Hosp
5. Full Name of Mother, Josie Ford
6. Mother's Maiden Name, Stone
7. Mother's Birthplace, Washington D. C
8. Full Name of Father, Mr Kinnon
9. Father's Occupation
10. Father's Birthplace, D. C Pennsylvania
Name of Medical Attendant, or other person who makes this Return, Dr Pleasant Hosp
Address,
Remarks,

1 5 9 6 0 0 0 4 8 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as can be ascertained the full name of each child, if any shall have been conferred, the full name and occupation of its parents, the date and place of birth, and the sex and color of each child; and shall contain the certificate of the physician or midwife, or other person who shall have been in attendance upon the mother, of the fact of the birth of each child, and the correctness of the particulars set forth in the schedule. Such schedule shall be delivered, duly signed by the practitioner or midwife, or other person who shall have been in attendance upon the mother, to the Commissioner of Health, at his office, on the first day of each and every month, or within ten days thereafter. In case the birth of any child shall occur without the attendance of a physician or midwife, or other person who shall have been in attendance upon the mother, the mother, father, or other parent of such child is required to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.] 78149

RETURN OF BIRTH. 78149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Oct 31
4. Place of Birth, (Street and Number) Md Genl Hosp
5. Full Name of Mother, Georgia Vaughn
6. Mother's Maiden Name, Archie
7. Mother's Birthplace, Md
8. Full Name of Father, Mistamm
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Cunningham

Address, Md Genl Hosp

Remarks,

1 6 7 5 0 0 6 4 8 1 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, sex and color of each child born, the full name, residence, age and birthplace of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report the particulars of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

78150

RETURN OF BIRTH. 78150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Oct 21 1
4. Place of Birth, (Street and Number) Md Gen Hosp
5. Full Name of Mother, Virginia Smith
6. Mother's Maiden Name, Long
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation, Mechanic
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, O O'Donnington

Address, Md Gen Hosp

Remarks,

C 78 0 0 0 4 8 1 5

been conferred) its sex, color, and date of birth, duly signed by the practitioner in the form of a certificate for the birth of any child said schedule shall be delivered at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report the birth as above required, and within the period above required, and attendance upon the mother, immediately after the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

78151

RETURN OF A

To the Office of Registrar of Vital Statistics,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 8th 16
4. Place of Birth, (Street and Number) 1731 Canton Ave
5. Full Name of Mother, Emma V Mahler
6. Mother's Maiden Name, Emma V Spencer
7. Mother's Birthplace, Balt
8. Full Name of Father, Conrad Mahler
9. Father's Occupation Stone Cutter
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. J. Kenton Pyle Exr.

Address.

Remarks.

1 8 7 6 U 0 0 4 8 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain as far as the same can be ascertained, the full names, residence, date and place of birth; and the Health, and shall set forth as far as practicable all particulars, the date and place of birth of each child born to the mother previous to the birth to which this certificate relates, and the full name and occupation of the father of each such child. Such information shall be given to the Commissioner of Health or to such person as he may designate in the form of a certificate, to be furnished by the Commissioner of Health, duly signed by the attendant, if there was one, or if there was none, by the person who has been conferred; its sex, color, date and place of birth, and the name, residence and occupation of the parents; and if the child was born dead, the cause of death, as far as can be ascertained. If the child was born alive, and afterwards died without having been registered, and said schedule shall be delivered, duly signed by the attendant, if there was one, or if there was none, by the person who has been conferred; its sex, color, date and place of birth, and the name, residence and occupation of the parents; and if the child was born dead, the cause of death, as far as can be ascertained. If the child was born alive, and afterwards died without having been registered, and said schedule shall not be delivered, as aforesaid, to the Commissioner of Health or to such person as he may designate, within ten days after the birth, the attendant shall immediately thereafter, in the manner and within the time prescribed by the Commissioner of Health, report to the Commissioner of Health the particulars required by this section to be reported in the certificate of birth. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1886.]

RETURN OF A BIRTH. 78152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose care it is, shall enter the same on blank schedules, a number of which will be furnished by the Registrar of Vital Statistics, and shall return a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the attendant, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the time prescribed above, and any person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, October 25. 1886.
4. Place of Birth, (Street and Number) 212 Morris St.
5. Full Name of Mother, Agnes Halleday.
6. Mother's Maiden Name, Agnes Dashiell.
7. Mother's Birthplace, Maryland
8. Full Name of Father, James Halliday.
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, D. W. Keown M.D.

Address, 848 W. North Ave.

Remarks,

1 8 9 6 0 0 0 4 8 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color. (if not of the white race)*	White
3. *Date of Birth,*	October 24. 1896
4. *Place of Birth, (Street and Number)*	430 S. Payson ste.
5. *Full Name of Mother,*	Catherine Ritter
6. *Mother's Maiden Name,*	Catherine Kramer
7. *Mother's Birthplace,*	Baltimore M.d.
8. *Full Name of Father,*	George E. Ritter
9. *Father's Occupation*	Grocer
10. *Father's Birthplace.*	Baltimore M.d.
Name of Medical Attendant, or other person who makes this Return.	Johanna Zeltz M.D.
Address.	1928½ W. Pratt st.
Remarks.	

1896 0004818

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 of Octbr
4. Place of Birth, (Street and Number) 513 port St
5. Full Name of Mother, Margie Müller
6. Mother's Maiden Name, = Bolmer
7. Mother's Birthplace, Balto.
8. Full Name of Father, August Müller
9. Father's Occupation Tanner
10. Father's Birthplace, Hessen (Germ)

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss

Address, 613 port St.

Remarks, 18760004819

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex,* (state whether male or female) female
2. *Race or Color.* (if not of the white race) White
3. *Date of Birth,* 29 of Octbr
4. *Place of Birth,* (Street and Number) 817 Green St.
5. *Full Name of Mother,* Elise Feldt
6. *Mother's Maiden Name,* Rubidell
7. *Mother's Birthplace,* Norfolk (Va)
8. *Full Name of Father,* John Feldt
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weise

Address, 613 west St.

Remarks,

1896 0004820

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a separate entry for each child, if any, born alive within the district, and shall set forth as far as can be ascertained the full name of each child, if any shall have been registered, the full name and occupation of its parents, the date and place of birth, and the sex and color of each child. In case the birth or any child shall occur without the attendance of a physician, midwife or other person, a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth or any child shall occur without the attendance of a physician or practioner of midwifery, or other person or parents of such child to report the same to the Commissioner of Health, in manner as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30th Oct
4. Place of Birth, (Street and Number) 1515 Lancaster St
5. Full Name of Mother, Mary Eisenminger
6. Mother's Maiden Name, = Wolfensinger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred Eisminger
9. Father's Occupation Cabeln
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E. Weiss

Address, 613 Dent St.

Remarks, 1896 U 004821

Wm. J. C. Dulany Co., City Printers and Stationers.

Note. This schedule must be filled out as the same can be procured from the Registrar of Vital Statistics, the date and place of birth, name and residence of Parents, the date and number of certificate between the first and third days of each month, and shall set forth in the full name and post office address of the physician or other person in charge of the case, or the midwife who shall have been conferred) its sex, color, the name and residence of the Commissioner of Health. In case the child is born dead, or shall die before it has been delivered, duly signed by the said physician or midwife, or other person in charge of the case, or if there be no such person, then by the father or mother, or parents of such child, or in case of their absence, by the nearest relative present at the birth, or the undertaker who shall be employed to bury the body. And every such schedule shall be delivered to the Commissioner of Health, or to such person as he may appoint to receive the same, within the period above required, and shall cover all births occurring during the said month. Any person who shall become the duty of a physician or midwife to make such return, and who shall neglect or refuse to make the same as required by this section, shall forfeit and pay the sum of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any midwife who shall practice her profession in the city of Baltimore without the attendance upon the midwife-license therefor, shall immediately thereafter, in the manner and subject to the penalties provided in this section, report to the Commissioner of Health the birth of each child to which she may have been in attendance upon the mother, and any midwife who shall neglect or refuse to comply with the provisions of this section, shall be liable to the same penalty as other persons who shall neglect or refuse to comply with the provisions of this section, and shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 22nd 96
4. *Place of Birth, (Street and Number)*	814 N. Bond st
5. *Full Name of Mother,*	Anne Reeves
6. *Mother's Maiden Name,*	anne M.c Fee
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Richard Reeves
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Philadelphia
Name of Medical Attendant, or other person who makes this Return.	Chas. B. Troughton M.D.
Address,	920 N. Broadway
Remarks,	

1896000482 2

Health. This schedule shall contain a list of the births which have occurred in each house during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named, its sex, color, date of birth, and the full name, age and occupation of its parents, the date and place of their first and last marriage, and the number of children born to the present mother, and now living. In case the birth of any child shall occur without the attendance of a Physician or Midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons required to report said birth, to report the same to the Commissioner of Health, in the manner and within the time prescribed in this section. And any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 29 1926
4. *Place of Birth, (Street and Number)* 126 Eastern Ave
5. *Full Name of Mother,* Mary Beth
6. *Mother's Maiden Name,* Mary Stephens
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Beth
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Betty Weeks

Address. Hopkins Place Baltimore Md

Remarks.

1 8 9 6 U 0 0 4 8 2 3

register of such birth, and, upon or before the same day, to report to the Registrar of Vital Statistics, Board of Health, a return of the births which have occurred under his or her care during the preceding week, which return shall contain a list of the births which have occurred under his or her care during the week, the schedule shall contain a list of the births which have occurred under his or her care during the week, the full name of each child, if named, and if not named, the fact to be stated, the sex, color, date and place of birth, and the name, residence and occupation of its parents, the date of the certificate between the first and said schedule shall be delivered or mailed to the Commissioner of Health. In case the birth of any child been conferred) its sex, color, date and place of birth, the name, residence and occupation of its parents, the said schedule shall be delivered or mailed to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or other person, or should no other person return of such birth be made as required, it shall become the duty of the physician, midwife or other person in attendance upon the mother, immediately after the expiration of the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78159

GIVEN NAME ADDED 2/15/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: FREDERICK HENRY EISENBRANDT 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 8th 1896.
4. Place of Birth, (Street and Number) Old York Road No. 210.
5. Full Name of Mother, Catherine L. Shultz Eisenbrandt
6. Mother's Maiden Name, Shultz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred. Benj. Eisenbrandt
9. Father's Occupation Branch Dealer
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, J. B. Hartman

Address, 815 Johnson Ave.

Remarks,

1896 U 004824

register of such birth, and shall enter the same in such register. Every midwife who shall have charge of any birth which have occurred under his or her care during the month, and shall state in each case the full name of each child, (if any shall have been given), the sex, color, the full name and occupation of its parents, the certificate between the first and second schedule shall be delivered, duly signed by the midwife or physician or practicuer of midwifery, or should no other person be in charge of the case, by the father or mother of the child, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the schedule shall be delivered by the person in charge of the case within the period above required, and third day of each and every month to the Commissioner of Health, in which he shall enter the full name of each child born during the month, and shall state in each case the full name and occupation of its parents, the certificate between the first and second schedule shall be delivered, duly signed by the Midwife or physician or practicuer of midwifery, or should no other person be in charge of the case, by the father or mother of the child, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the schedule shall be delivered by the person in charge of the case within the period above required, and attendance, or in the absence of such person, by the father or mother of the child, to the Commissioner of Health, in which he shall enter the full name of each child born during the month, and shall state in each case the full name and occupation of its parents, the certificate of its birth to the Commissioner of Health, to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall have charge of any birth which have occurred under his or her care during the

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RETURN OF A BIRTH. 78160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female Helen Stedman Teeple
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct. 13th 1896
4. Place of Birth, (Street and Number)	2707 Edd Gth road
5. Full Name of Mother,	Mary E. Teeple
6. Mother's Maiden Name,	Mary E. Hampton
7. Mother's Birthplace,	New York
8. Full Name of Father,	Lyon E. Teeple
9. Father's Occupation	Steam Engineer
10. Father's Birthplace,	New York Ohio U.S.A.
Name of Medical Attendant, or other person who makes this Return,	None
Address,	815 Jefferson
Remarks,	Full name of child added by mother upon applying for a transcript. Mary Frances Teeple J.E. Nihan Jan 27 1926

+ 1896 00 04825

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Register of births. It shall be the duty of the Commissioner of Health to provide a book of suitable size, in which shall be written a list of the births which have occurred under his or her care (each in a separate line), and which shall contain the following items, viz.: the number of each child, (if any shall have been born before,) the sex, color, the full name and occupation of the parents, the date and place of birth, and the month, and shall set forth, as the same can be ascertained, the time elapsed between the birth of any child and the previous birth of the mother, if any. Certificate to be given of every child born. A certificate in the form of a certificate between of any child born, and registered in the office of the Commissioner of Health. It shall be the duty of the person in attendance upon the mother, immediately thereafter, in the manner and within the period above specified, to make and deliver to the Commissioner of Health, a certificate containing the items required to be registered by this section, which shall be subscribed by the person making the same. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 26/1896
4. Place of Birth, (Street and Number) 409 S. High St
5. Full Name of Mother, Lena Shiley
6. Mother's Maiden Name, Lena Nikleson
7. Mother's Birthplace, Russia
8. Full Name of Father, Leevie Shuler
9. Father's Occupation, Store-keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finberg

Address, 25 Lloyd St

Remarks,

6966004826

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born since the last return,) the sex, color, occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person making the return, to the Commissioner of Health, on the first and third day of each and every month to the office of the Commissioner of Health. In case the first and third days of the month shall fall on Sunday, the said schedule shall be delivered on the following day. Any person required by this section to make a return who shall neglect or refuse to make the same within the time prescribed, and any midwife who shall neglect or refuse to report to the Commissioner of Health, in the manner required, the birth of any child attended by her, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78162

GIVEN NAME ADDED 12-14-61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bessie

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 27 1896
4. *Place of Birth, (Street and Number)* 805 Low St
5. *Full Name of Mother,* Rebecca Bedeck
6. *Mother's Maiden Name,* Ribin
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Hyam Bedeck
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 25 Lloyd St

Remarks,

1 8 9 6 0 0 0 4 8 2 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 28 1896
4. Place of Birth, (Street and Number) 268 E. Eden St
5. Full Name of Mother, Ida Goldberg
6. Mother's Maiden Name, Ida Harries
7. Mother's Birthplace, Russia
8. Full Name of Father, Benjiman Goldberg
9. Father's Occupation Shoe-maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finberg

Address, 25 Lloyd St

Remarks,

1896U0048828

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, and the full name and occupation of its parents, the date and place of birth, and such other information as may be required in the form of a certificate by the Commissioner of Health. The certificate herein required shall be signed by the physician or midwife in attendance upon the mother, or in case there is no such physician or midwife, then by the father of such child or the householder or owner of the premises where such birth occurs, and in case there is no other person he is required to report the birth within five days thereafter. It shall become and within the period above mentioned shall be subject to the penalties hereinafter provided for neglect to comply with the provisions of this section. Any midwife who shall regularly attend upon the mother of such child, and who shall fail to report the birth of such child as required by this section, shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 29 1896
4. Place of Birth, (Street and Number) 641 Bayluck St
5. Full Name of Mother, Katie Rychman
6. Mother's Maiden Name, Katie Rabzumovitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Solomon Rychman
9. Father's Occupation Grocery-store keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finneberg

Address, 25 S Lloyd St

Remarks,

1 8 9 6 0 0 0 4 8 2 9

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the case of the birth of any child and in case there be no such Practitioner, by the Householder, within thirty days after the birth of any child and in case there be no such Householder or Practitioner, by the person having charge of such child within the time aforesaid. Any Practitioner of Medicine or Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time aforesaid, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 10. 1896
4. *Place of Birth, (Street and Number)*	1741 N. Carolina st.
5. *Full Name of Mother,*	Annie Shaw Carter
6. *Mother's Maiden Name,*	" " Williams
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Ernest Carter
9. *Father's Occupation*	Upholsterer
10. *Father's Birthplace,*	Yarmouth, England
Name of Medical Attendant, or other person who makes this Return,	Geo. A. Hartman M.D.
Address,	1121 N. Carolina st.
Remarks,	

18960004830

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any alive) and the sex, color, the full name, date and place of birth, and the occupation of its parents, the date and place of the marriage between the first and been conferred) its sex, color, the full name, date and place of birth, and the occupation of its parents, the date and place of the marriage between the first and third day of each month to the office of the Commissioner of Health, in the manner and within the time prescribed by the Board of Health, and in case the birth of any child said schedule shall be delivered, duly signed, to the mother or nurse, or should no other person be in attendance upon the mother, immediately after the birth, a certificate of such birth shall be forthwith sent by the physician or person in charge of the case to the office of the Commissioner of Health, in the manner and within the time prescribed by the Board of Health. If any physician or person in charge of the case shall become the duty of the person or persons in attendance upon the mother, immediately after the birth, a certificate of such birth shall be forthwith sent by the physician or person in charge of the case to the office of the Commissioner of Health, in the manner and within the time prescribed by the Board of Health. If any physician or person in charge of the case shall fail to comply with the provisions of this section shall be subject to the same penalty as herein provided for the parent, who shall hereafter fail to comply with the provisions of this section and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the same penalty as herein provided for the parent, who shall hereafter fail to comply with all other fines and forfeitures are recoverable. Jected to the same penalty (ten) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 12. 1896
4. *Place of Birth, (Street and Number)* 1016 McDonogh St.
5. *Full Name of Mother,* Eliza Nippard
6. *Mother's Maiden Name,* " Meise
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Geo. C. Nippard
9. *Father's Occupation* Night Watchman
10. *Father's Birthplace,* Queen Anne's Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N Caroline St.

Remarks,

18960004831

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RETURN OF A BIRTH. 78167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 14. '96

4. Place of Birth, (Street and Number) 1135 E. Eager st.

5. Full Name of Mother, Mary Jane Swift

6. Mother's Maiden Name, " " Keith

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Isaac Swift

9. Father's Occupation Manufacturer

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Wm. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

1896 U 0004832

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any) born alive and still-born, the full name and occupation of its parents, the date and place of birth, and the number of children born between the first and last child, and whether the child was born alive or still-born. Such return shall be delivered, duly signed by the practitioner in the form prescribed by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the householder or owner of the premises where the mother is delivered, shall within the first ten days after the birth of each and every month to the office of the Commissioner of Health, to the manner and in the form prescribed, make and deliver to the said Commissioner a full return of all births which shall occur without the attendance of a physician or midwife, or other person in attendance upon the mother, and in case the householder or owner of the premises where the mother is delivered, shall fail to make such return as herein required, he shall be subject to the penalties of this section. Any person who shall violate any of the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been entered in his office, the full name of the parents, the date and place of birth, and the sex, color, and race of each child; and the Commissioner of Health may require the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person or persons in charge of such child to report all the facts required to be reported by this section to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 15. 1896
4. *Place of Birth, (Street and Number)* 1639 N Carlin St.
5. *Full Name of Mother,* Eliz" M. Worthington
6. *Mother's Maiden Name,* Barton — Baron
7. *Mother's Birthplace,* Scotland
8. *Full Name of Father,* Edward P. Worthington
9. *Father's Occupation* Insurance Supt.
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Jno A. Hartman M.D.

Address, 1121 N Carlin St.

Remarks,

+ 6 9 6 0 0 0 4 8 3 3

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CERTIFICATE CORRECTED 4-16-53

RETURN OF A BIRTH. 78169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Alma Adele ~~Emma~~ Stamberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 19. 96
4. Place of Birth, (Street and Number) 1707 E. North Ave.
5. Full Name of Mother, Emma Laura Stamberg
6. Mother's Maiden Name, " " Ahrens
7. Mother's Birthplace, Germany
8. Full Name of Father, Kurt Rudolph ~~L~~ Stamberg
9. Father's Occupation Representative
10. Father's Birthplace, Hamburg, Germany

Name of Medical Attendant, or other person who makes this Return, Geo A Hartman M.D.

Address, 1121 N Caroline St.

Remarks,

+ 8 9 6 0 0 0 4 8 3 4

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RETURN OF A BIRTH. 78170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 21. 96

4. Place of Birth, (Street and Number) 1601 E. Madison St.

5. Full Name of Mother, Mary C. Fink

6. Mother's Maiden Name, Schafer

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Chas. C. Fink

9. Father's Occupation Druggist

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Carolina St.

Remarks,

+ 8 9 6 0 0 0 4 8 3 5

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said midwife shall deliver such return to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd. "
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Oct. 26. '96
4. *Place of Birth, (Street and Number)*	1631 E. Oliver st.
5. *Full Name of Mother,*	Katie Eugenie Merriken
6. *Mother's Maiden Name,*	" " Sapp
7. *Mother's Birthplace,*	Balto. Co. Md.
8. *Full Name of Father,*	Francis M. McMillen Jr.
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Jno A. Hartman M.D.
Address,	1121 N. Caroline St.
Remarks,	

1 8 9 6 0 0 0 4 8 3 6

mouth, and shall set forth as far as the same can be ascertained the full name of each child born alive (if any shall have been conferred) its sex, color, the date and place of birth, and the full name, residence and occupation of its parents, the date and place of birth, and the said schedule shall be signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. And no other person be in attendance upon the mother, immediately after the birth, shall become the duty of the person or parents of such child to report the particulars required by this section within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd. - Clarence Whitford McDowell
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colo
3. *Date of Birth,*	Oct. 27. '96
4. *Place of Birth, (Street and Number)*	14 S. Broadway
5. *Full Name of Mother,*	Maine V. McDowell
6. *Mother's Maiden Name,*	" Johnson
7. *Mother's Birthplace,*	Chesterfield Co. Va.
8. *Full Name of Father,*	Whitford V. McDowell
9. *Father's Occupation*	Minister of Gospel
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Dr. A. Hartman M.D.
Address,	1121 N. Carolina St.
Remarks,	See Document File Reg. No. 78172

Reg. - Feb. - 23 - 1938

1 8 9 6 U 0 0 4 8 3 7

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RETURN OF A BIRTH. 78173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, C. T. 29
4. Place of Birth, (Street and Number) 1448 Hard st.
5. Full Name of Mother, Nettie Houston
6. Mother's Maiden Name, Nettie Wolford
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Joseph Houston
9. Father's Occupation, Labor Work
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Grace Harrice

Address, No 818 Stockholm st Baltimore Md

Remarks.

1896 U 004838

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month, and shall set forth as far as the same can be ascertained, the date and place of birth and the name, residence and occupation of its parents, the date and place of birth and the full name and occupation of the person in the form of a certificate to the birth of any child been conferred), his sex, color, the date when delivered, duly signed by the attendant, and verified by oath as aforesaid, and every month to the Commissioner of Health. Should no other person be in said delivery, such duty shall devolve upon the physician or practitioner in attendance, and in case there be no physician or practitioner in attendance, then upon the person or parent, or head of the family where such birth shall occur without the attendance of a physician or practitioner, within the period of ten days after such occurrence. It shall be the duty of the person or parent, or head of the family where such birth shall occur without the attendance of a physician or practitioner, to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 31. '96
4. *Place of Birth, (Street and Number)*	1106 E. Hoffman St.
5. *Full Name of Mother,*	Magdalena Matilda Bisler
6. *Mother's Maiden Name,*	" Wegman
7. *Mother's Birthplace,*	Dallastown
8. *Full Name of Father,*	Henry M. Bisler
9. *Father's Occupation*	Coachman
10. *Father's Birthplace,*	New Freedom, Penn'a
Name of Medical Attendant, or other person who makes this Return,	Jno. A. Hartman M.D.
Address,	1121 N. Caroline St.
Remarks,	

B 9 6 U 0 0 4 8 3 9

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Sec. 3. That the particulars required to be set forth as far as the same can be ascertained the full name of each child, if any, shall have been given, the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and whether the first and subsequent, as the case may be, and the address of the person making the return, which shall be entered by the Registrar in a book to be kept for that purpose, and the certificate hereinafter required, and a duplicate thereof, shall be preserved in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth required by this section to register it, it shall become the duty of the person occupying the house where such birth occurs, within five days thereafter, to report the particulars required, and in default thereof he shall be liable to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Sec. 4. That it shall be the duty of the Commissioner of Health, in the month of January, April, July and October of each and every year, to report to the Commissioner of Health of the State of Maryland all births registered during the three months next preceding, and in default thereof he shall be liable to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Sidney Philip Newell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female). Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. October 14th 1896
4. Place of Birth, (Street and Number) 1119 N. Fulton Ave
5. Full Name of Mother, Susie Newell
6. Mother's Maiden Name, Gibson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. R. Newell
9. Father's Occupation Lawyer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John Supt. M.D.

Address, 701 E. Lexington

Remarks.

1896U004840

Wm. J. C. Dulany Co., City Printers and Stationers.

Each certificate of BIRTH, DEATH or STILLBIRTH must be made out in duplicate, and the one of each kind delivered to the undertaker in charge of the funeral, who shall deliver the duplicate to the Registrar of Vital Statistics within three days after the birth, death or stillbirth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. Any midwife, physician or other person required to report as herein provided who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	Oct 7, 1896
4. *Place of Birth, (Street and Number)*	1019 E Hoffman
5. *Full Name of Mother,*	Ellen Morgan
6. *Mother's Maiden Name,*	Lafferty
7. *Mother's Birthplace,*	Penna
8. *Full Name of Father,*	John J Morgan
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	J. J. Crouch, M.D.
Address.	
Remarks.	

1 8 9 6 U 0 0 4 8 4 1

Wm. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, to which above return relates, the date and place of birth; and the full name and occupation of the parents. Such return shall be made in the form of a certificate between the first and said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any such child shall occur while the mother, immediately thereafter, is in a state of confinement, and shall not be reported within the period above required, and the Commissioner of Health shall be satisfied that such failure to report its birth to the Commissioner was not due to any fault or neglect of the person or persons required to report the same, such person or persons shall not be liable to any penalty for such failure; and all fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 o'c. P. M. August
4. Place of Birth, (Street and Number) October 10, 1894
5. Full Name of Mother, Adele Finnegan
6. Mother's Maiden Name, Connolly
7. Mother's Birthplace, Md.
8. Full Name of Father, Bernard J. Finnegan
9. Father's Occupation Clerk
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. J. E. Crouch M.D.

Address.

Remarks.

1896000048 42

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, or of the person or parents of such child, it shall be the duty of each and every such person to make out and deliver such schedule to the Commissioner of Health, as aforesaid, within the period above required, and attendance upon the mother, immediately thereafter. It shall become and within the period above required, and shall be the duty of each and every physician or practitioner of midwifery, or of the person or parents of such any such person or persons who shall neglect or fail to comply with the provisions of this section shall, for each offence, upon conviction thereof, be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 15, 1896
4. Place of Birth, (Street and Number) 1212 Jackson St
5. Full Name of Mother, Mary Gret
6. Mother's Maiden Name, Frisz
7. Mother's Birthplace, Balto
8. Full Name of Father, John Gret
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. J. F. Crouch, M.D.

Address,

Remarks,

1 8 9 6 0 0 0 4 8 4 3

month, and shall set forth as far as the same can be ascertained, the name, sex, color, and place of birth; and the name, residence, and occupation of the parents; the date and place of birth; and the number of children born to the mother, including the present birth, and whether the present birth was a single birth or a plural birth (and if a plural birth, whether twins, triplets, or other plural birth), and whether the child was born alive or dead; and shall report said particulars and said schedule shall be delivered, until the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report, or shall hereafter fail to comply with the provisions of this section shall be subject to the same forfeitures as other fines and forfeitures are recoverable, jected to the time of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 17, 1896
4. *Place of Birth, (Street and Number)* 919 E Eager St
5. *Full Name of Mother,* Anna M. Emmen
6. *Mother's Maiden Name,* Guldgast
7. *Mother's Birthplace.* Balto
8. *Full Name of Father,* Joseph C. Emmen
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, J. F. Crouch, M.D

Address.

Remarks.

1896 0004844

month, and shall set forth, as far as the same can be ascertained, the full name (if any), sex, color, date and place of birth, and the parentage of each child born during the month preceding such report, and the occupation of its parents, the date and place of birth, and the name of each child born alive to the mother of such child previous to the birth reported, and the number of such children now living. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the event that any such report shall not be made as aforesaid, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be fined, and subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race).* White
3. *Date of Birth,* 20 October 1896
4. *Place of Birth, (Street and Number).* 109 Chapel St
5. *Full Name of Mother,* Ida Smith
6. *Mother's Maiden Name,* Ida Krisp
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Smith
9. *Father's Occupation* Shefs Joaner
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S. Washington St

Remarks,

+ 6 9 6 0 0 0 4 8 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 26 1896
4. *Place of Birth, (Street and Number)* 613 Forrest Ave
5. *Full Name of Mother,* Barbara Heban
6. *Mother's Maiden Name,* Hennessy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Heban
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return J. F. Crouch M.D.

Address,

Remarks,

1896 0004846

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said midwife shall be delivered, duly signed by her, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person, at the third day of each and every month, make the return required by this section, it shall become the duty of each midwife upon the mother, immediately thereafter, if she shall become aware of such circumstance within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* October 22nd 1896
4. *Place of Birth, (Street and Number)* 1818 Hopkins ave
5. *Full Name of Mother,* Fanny M. Carter
6. *Mother's Maiden Name,* Magruder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George M. Carter
9. *Father's Occupation* Shipping
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. J. Hronek M.D

Address.

Remarks.

1896 0004847

month, and shall set forth as far as the same can be ascertained, the full name and residence of the parents, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall become the duty of the person or persons present at such birth to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[330]

RETURN OF A BIRTH. 78183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, whether it has been conferred) its sex, color, the full name and occupation of the parents, the date of birth, and the said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person of such attendance upon the mother, immediately thereafter, shall neglect or refuse to report such birth within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 Oct 886
4. Place of Birth, (Street and Number) 33 Bennett St
5. Full Name of Mother, Mary Carroll
6. Mother's Maiden Name, Eddo
7. Mother's Birthplace, Virginia
8. Full Name of Father, Denis Carroll
9. Father's Occupation Soldier
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Rose E. Brennan

Address, 72 Aisquith St

Remarks,

1896 0004848

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 6th 1896
4. Place of Birth, (Street and Number) 124 N Mount St.
5. Full Name of Mother, Catherine E Hoole
6. Mother's Maiden Name, Catherine E Walsh
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, Oscar Hoole.
9. Father's Occupation Carpenter
10. Father's Birthplace. Baltimore City.

Name of Medical Attendant, or other person who makes this Return, John T Pennington M.D.

Address. 1716 Linden Ave

Remarks,

1896 0 0 0 0 4 8 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be known, the name and place of birth and the name and residence of its parents, the date and place of their marriage, the first and last name, color, the full name and occupation of the informant in the form of a certificate to be given of the birth of any child born concerned, as required by the rules of the Commissioner of Health. It should no other person be in attendance at the birth of any child, it shall be the duty of the person or parent of such child to report the same to the Commissioner of Health, in the manner and within the period of time above specified, and every month of a physician or practitioner of medicine it shall be the duty of the person or parent of such child to report the same to the Commissioner of Health, in the manner and within the period of time above specified, and shall occur without the city limits immediately thereafter, it shall be the duty of the physician or midwife in attendance upon such birth to the Commissioner of Health to comply with the provisions of this section shall be subject to a fine of not less than five (5) dollars nor more than twenty (20) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 1st 1896.
4. *Place of Birth, (Street and Number)* 1749 N. Chester St
5. *Full Name of Mother,* Mary A Smith
6. *Mother's Maiden Name,* " Gross
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Orlando L Smith
9. *Father's Occupation* Druggist
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, S H Selgrue M. D

Address, 1501 E Eager St

Remarks,

1896000485-0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 7th 1896.
4. *Place of Birth, (Street and Number)* 425 N Castle St.
5. *Full Name of Mother,* Emily R. Gaper
6. *Mother's Maiden Name,* Faber
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John P Gaper
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, J H Seldres M D

Address, 150 E. Eager St

Remarks,

1896000048 51

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and such other facts as may be required by the Commissioner of Health. In case the birth of any child shall not be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, the same shall be reported within three days thereafter. If it shall become the duty of any midwife or other person (not a practitioner) to report a birth, and no other person shall be in attendance upon the mother, immediately thereafter it shall become the duty of such midwife or other person to report such birth to the Commissioner of Health, in the manner and within the period above required, and such midwife or other person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 12/96.
4. *Place of Birth, (Street and Number)* 1729 Ashland Ave
5. *Full Name of Mother,* Mary Florence Simms
6. *Mother's Maiden Name,* Hess
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Henry Simms
9. *Father's Occupation* Designer
10. *Father's Birthplace,* Westminster Md

Name of Medical Attendant, or other person who makes this Return, S. H. Seldomridge M. D.

Address, 1501 E Eager St

Remarks,

1 8 9 6 0 0 0 4 8 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person certifying to the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required by this section to make such return, it shall become the duty of the person or parents of such child to report the birth to the Commissioner thereof. It shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED, 2-8-65

RETURN OF A BIRTH. 78188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Clara Marie Fink

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 20 1896
4. Place of Birth, (Street and Number) 915 N Gay St.
5. Full Name of Mother, Mary E Fink
6. Mother's Maiden Name, Mary E Braun
7. Mother's Birthplace, Frederick Co. Md.
8. Full Name of Father, Frank A Fink
9. Father's Occupation Upholsterer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Dr H Selzer M D.

Address, 1501 E. Eager St

Remarks,

1896 0004853

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 21st 1896.

4. Place of Birth, (Street and Number) 1327 Greenmount Ave.

5. Full Name of Mother, Amelia Mertz

6. Mother's Maiden Name, Hunsinger

7. Mother's Birthplace, Germany

8. Full Name of Father, Franz Mertz

9. Father's Occupation Wagonmaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S. A. Steiner M. D.

Address, 1301 E. Eager St

Remarks,

1 8 9 6 0 0 0 4 8 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Item 508 (Art. 4). Sex, Color, &c. All items and descriptions are to be given in full. Any physician, midwife or other person who shall refuse or neglect to report, as herein required, any birth at which he was present or in attendance, or any birth of which he has knowledge, shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 26/96
4. Place of Birth, (Street and Number) 503 N Gay St
5. Full Name of Mother, Rosa Miller
6. Mother's Maiden Name, Katz
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis M. Miller
9. Father's Occupation Merchant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, I H Selfner M. D.

Address, 1501 E. Eager St

Remarks,

1896 0004855

Wm. J. C. Dulany Co., City Printers and Stationers.

law conferred) its sex, color, the full name and occupation of its parents, the place of birth, and such other facts as may be required by the rules and regulations of the Board of Health, and the said certificate shall be delivered to the person registering the birth, or sent by mail, within the first five days after the third day of each and every month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the birth of such child, in the manner and within the time required by law; and in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 26th 1895.
4. Place of Birth, (Street and Number) 1218 N Caroline St.
5. Full Name of Mother, Barbara V Baker
6. Mother's Maiden Name, Tuskey
7. Mother's Birthplace, Balto City
8. Full Name of Father, Henry Baker
9. Father's Occupation Laborer
10. Father's Birthplace, St Mary's Co Md.

Name of Medical Attendant, or other person who makes this Return, S Oh Stilmer M.D.

Address, 1611 E. Eager St

Remarks,

1896 0004856

been conferred) its sex, color, the full name and occupation of its parents, the age of each parent, the number of children born to the present mother, and the number now living; and the name of the physician or midwife, if any, present at the birth. The said schedule shall be delivered, filled out as aforesaid, by the physician or midwife, if any, present at the birth, or in case there was no physician or midwife present, then by the father of such child or the householder of the house in which such birth occurred, within ten days after the occurrence of such birth, to the registrar of the district in which the same occurred, and shall be delivered to the registrar of the district, in the manner and within the period above required, and without the attendance of a physician or practitioner of midwifery, or the payment of any fee therefor, by the parent or householder as aforesaid. Any person who shall neglect or refuse to report the birth of a child to the registrar as herein required, or who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 7 1896
4. *Place of Birth, (Street and Number)* 2130 [illegible]
5. *Full Name of Mother,* Mary E. [illegible]
6. *Mother's Maiden Name,* Mary E. [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* Jos. [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace,* Balto.

Name of Medical Attendant or other person who makes this Return, [illegible]

Address. 21[illegible]

Remarks. [illegible]

1 8 9 6 0 0 0 4 8 5 7

...names conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... been conferred, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Living Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 30 1896
4. *Place of Birth, (Street and Number)*	1116 Wood St.
5. *Full Name of Mother,*	Carrie Bain
6. *Mother's Maiden Name,*	Carrie Edwards
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm. Bain
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. R. Copley
Address,	2136 Eastern Ave
Remarks,	Living Well

+ 8 9 6 0 0 0 4 8 5 8

month, and shall set forth as far as the same can be ascertained, the name, surname, residence or usual place of abode of the parents, the date and place of birth, and the name, if any, given to the child, and whether the child was born in wedlock or not, and shall sign the certificate, and state whether he was present at the birth or not, and if not present, why not, and in what manner he became informed of the particulars required to be stated, and the source of his information, and shall add to his signature his profession or addition, and the place of his residence; and in case the birth shall have been conducted without the attendance of a physician or practitioner, then the duty of the person or parents of such child to report the birth as aforesaid, and to furnish the particulars required as aforesaid, shall devolve upon the person in charge of the house in which the birth occurred, or in case there be no person in charge of such house, then upon the nearest relative of such child present at the birth, or in the nearest house to the birth, or upon the person having charge of such child within ten days after the birth; and in the case of a still-born child, the certificate shall be delivered only to the office of the Commissioner of Health. It shall be the duty of every midwife, or other person (not a physician or practitioner) who shall become the attendant upon any woman within the period above mentioned, to report the birth as aforesaid, and within the period above mentioned, in the manner and within the time above specified, and in case there be no midwife or other person in attendance, then it shall become the duty of the person or parents of such child to report the birth as aforesaid, and to furnish the particulars required as aforesaid, in the manner and within the time above specified, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-24-60

RETURN OF A BIRTH. 78194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Edythe Etherlyn Simmons

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 8-1926
4. Place of Birth, (Street and Number) 1627 Division St
5. Full Name of Mother, Mrs. Estelle Simmons
6. Mother's Maiden Name, " Spangler
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edw. B. Simmons
9. Father's Occupation, Postal Clerk
10. Father's Birthplace, Gloucester Co Va

Name of Medical Attendant, or other person who makes this Return, T. Clew Worthington

Address, 840 W. Fayette St

Remarks. 1896000485 9

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 78195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 18 96
4. Place of Birth, (Street and Number) 5 N. Fulton ave
5. Full Name of Mother. Mrs. Emelia C. Brown
6. Mother's Maiden Name, " " Willich
7. Mother's Birthplace, N. Y.
8. Full Name of Father, Henry N. Brown
9. Father's Occupation Artist Supplies
10. Father's Birthplace, N. Y.

Name of Medical Attendant, or other person who makes this Return, Chas W. Worthington

Address, 540 W. Fayette St

Remarks.

1896000048600

been completed. The sex, color, the full name and occupation of the parents, the place and date of birth of the child, and the maiden name of the mother, should be given in the form of certificate between the first and said schedule shall be delivered, duly filled out, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and with the return of such birth, as required by this section, he or they shall refuse or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 78196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2

1. Sex, (*state whether male or female*) Female
2. Race or Color, (*if not of the white race*) White
3. Date of Birth, Oct 24 '96
4. Place of Birth, (*Street and Number*) 714 N Monroe
5. Full Name of Mother, Mrs Ida V Watkins
6. Mother's Maiden Name, " " Nichols
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, John V Watkins
9. Father's Occupation Printer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, T Chew Worthington

Address, 840 W Fayette St

Remarks.

1896 00048611

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained, the full name of each child born alive, if any, and the sex and color of each child, and the full name and occupation of the parents. The certificate of birth shall be signed by the physician or midwife in attendance upon the mother, or if there was no physician or midwife in attendance, then by the father or mother of the child, or the householder, or the owner of the premises where the birth occurred, or the manager or superintendent of any institution where the birth occurred, and said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother shall herself make a return of the facts required to be stated in relation to the child to be reported its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name ~~Fan~~ Alma Angela ~~Schmidt~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 19/96
4. Place of Birth, (Street and Number) 1909 E. Oliver st -
5. Full Name of Mother, ~~Louis Knight~~ Schmidt
6. Mother's Maiden Name, Knapp
7. Mother's Birthplace, Balto Md
8. Full Name of Father, ~~George Smith~~ Schmidt
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1204 E. Baltimore

Remarks,

1896000048 62

month, and shall set forth as far as the same can be ascertained the name and surname of its parents, the date and place of birth; and the said schedule shall be delivered monthly to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 29 1890 (1896)
4. *Place of Birth, (Street and Number)* 1123 Whatcoat st
5. *Full Name of Mother,* Sarah Shorter
6. *Mother's Maiden Name,* Sarah Hagon
7. *Mother's Birthplace,* Charles Co MD
8. *Full Name of Father,* George Shorter
9. *Father's Occupation* Stevedor
10. *Father's Birthplace,* Charles County MD

Name of Medical Attendant, or other person who makes this Return. Maria Jones

Address, 1337 Whatcoat st

Remarks,

189 CU 04863

month, and shall set forth as far as the same can be ascertained, the name, the date and place of birth, and the full name and occupation of its parents, the date and place of their marriage, if any, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and comply with the provisions of this section; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 28 of October
4. *Place of Birth, (Street and Number)* 818 Pine St
5. *Full Name of Mother,* Lavinia R Kellis
6. *Mother's Maiden Name,* Lavinia Carter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John H L Kellis
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Carlton Co

Name of Medical Attendant, or other persons who makes this Return, Hester

Address,

Remarks,

0 0 0 0 0 4 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 78200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Oct- 4- 96
4. Place of Birth, (Street and Number) 1922. E. Chase st.
5. Full Name of Mother, Josephine A. Todd.
6. Mother's Maiden Name, Josephine A. Trusty.
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Thomas A. Todd.
9. Father's Occupation waiter
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return, Maria Forrest.

Address, 1926 E. Chase st.

Remarks,

8 9 6 0 0 0 4 8 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth of such child, and the number (whether first, second, third, &c.) of such birth, as the case may be; and every such person shall, within the first and said schedule shall be delivered, duly signed by the practitioner in the form of certificate hereinafter prescribed, to the Commissioner of Health, or to the officer or person appointed by him to receive the same, within ten days after the birth of any child third day of each and every month to the office of the Commissioner of Health, or to such person as he shall appoint to receive the same, a like schedule of all births which shall have occurred within the city during the month next preceding, and in case any midwife or other person, not being a practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of her child, then the midwife or other person who shall immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to perform the duties above required, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A

To the Office of Registrar of Vital Statistics,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 1 — 1896
4. Place of Birth, (Street and Number) 118½ Brady Ave
5. Full Name of Mother, Emma W. Mite
6. Mother's Maiden Name, " " Straub
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John White
9. Father's Occupation Animal trainer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M.D.

Address, 511 Jefferson Ave Waverly,

Remarks,

9 6 0 0 0 4 8 6 5

register of such Birth.
Health. This schedule is
been transferred) in ex. color.
said schedule shall be delivered, duly signed by the
third day of each and every month to the Commissioner
shall occur within the city during the month preceding
attending physician or midwife in attendance upon any
child to report its birth to the Commissioner of Health.
any such person or persons who shall neglect, fail to
jected to the fine of ten (10) dollars for each

Wm. J. C. I

RETURN OF A BIRTH. 78227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Elizabeth M.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* M
3. *Date of Birth,* Nov 1
4. *Place of Birth, (Street and Number)* 753 Ramsay
5. *Full Name of Mother,* Mary Jane " N Schultz
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Geiss
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, M. A. Brennan

Address,

Remarks,

E 6 0 0 0 4 8 6 7

...ath, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein, to the Registrar of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...y C. Deiany Co., City Printers and ...

RETURN OF A BIRTH. 78229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 1
4. Place of Birth, (Street and Number) Hanover St
5. Full Name of Mother, Louise Mowatt
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Hanover
9. Father's Occupation [illegible]
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno. H. Harryman

Address, 1112 Cathedral St

Remarks,

1 8 9 0 C 0 0 4 8 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Schedule shall contain a list of the living children of such mother, the full name of each child, (if any shall have died without a name, the word "unnamed" shall be inserted,) the date of birth, and the name, age, residence and occupation of the parents; the date and place of marriage, and the time elapsed between the first and last marriage, if more than one; and the number of children born at each marriage. Such schedule shall be verified by the oath (or affirmation) of the mother, if able to make the same, and if not able, by the oath (or affirmation) of the father, if living and able to make the same, and if not, by the oath (or affirmation) of the person who shall have been present at the birth, or who shall have been in charge of the mother during her confinement, or who shall have been the attending physician or midwife, and shall be delivered, within one month to the office of the Commissioner of Health, or to such person as he may appoint to receive the same, by the physician, midwife or person who shall have been present at the birth, or who shall have been in charge of the mother during her confinement, or who shall have been the attendance of a physician, or if there be no such person, then by the father or mother of such child, or the occupier of the house in which such birth shall have taken place, or by the undertaker who shall be employed to bury such child, or by the person who shall have been present at the burial of such child, or by the sexton or person who shall have been employed to bury such child, or by the person who shall have been present at the burial of such child, or by the sexton or person who shall have been employed to bury such child, or by the person who shall have been present at the burial of such child, or by the sexton or person who shall have been employed to bury such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78 229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 1st 1886
4. Place of Birth, (Street and Number) 1419 N. Central Ave
5. Full Name of Mother, Jennie D. Smith
6. Mother's Maiden Name, Jennie D. Foster
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Harry D. Smith
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, H. G. Watson

Address, 1307 N. Central Ave

Remarks, 1 8 9 6 0 0 1 4 8 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner in the form of a certificate between the first and third days of each month, on blanks to be furnished by the Commissioner of Health. In case the birth of any child should occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section. Any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Nov 1 - 96
4. Place of Birth, (Street and Number) 1717 W. Balto St
5. Full Name of Mother, Annie B. Stricker
6. Mother's Maiden Name, Berber
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Joseph Stricker
9. Father's Occupation, Driver
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. J Wm Funck MD

Address, DR. J. WM. FUNCK, 101 N. FULTON AVENUE, BALTIMORE.

Remarks,

1896004870

month ... and ... sex, color, the full name and occupation of its parents, the date and place of ... first and been conferred) its sex, color, the full name and occupation of its parents, the date ... between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78231

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the Birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 1. 96
4. Place of Birth (Street and Number) 869 N. Lombard St.
5. Full Name of Mother Elizabeth Hammett-Whalen
6. Mother's Maiden Name "
7. Mother's Birthplace Balto
8. Full Name of Father Stephen Whalen
9. Father's Occupation Linen
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. J. D. Gibbons

Address 1214 Linden Ave

Remarks

5960004871

RETURN OF A BIRTH. 78232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name- Charles E. Hammel

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 4th of Nov 1896.
4. Place of Birth, (Street and Number) Baltimore Md 818 Willehm St
5. Full Name of Mother, May (Bartlett) Hammel
6. Mother's Maiden Name, ~~Mary~~ Hurley
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William F. (Jerome C.) Hammel
9. Father's Occupation, Harness Maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Fleming

Address, 414 S Streecher St. Baltimore Md

Remarks, Mother and Child are doing well

1896 0004872

Wm J. C. Dulany Co., City Printers and Stationers.

Every midwife, who shall attend at the birth of any child, shall write, in ink, the full name and occupation of its parents, the date and place of birth; and the sex, color, and number of children born to the mother, and shall sign the same as a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife, or should no other person shall be entitled to receive a fee for the return of such birth to the Commissioner of Health. In the absence of the midwife, the attendance of the nurse, immediately thereafter it shall become the duty of the physician required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-22-64

RETURN OF A BIRTH. 78233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Louise Ann Tennant

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 1st '96
4. Place of Birth, (Street and Number) 1223 E. Biddle St
5. Full Name of Mother, Kate Tennant
6. Mother's Maiden Name, Kate Westerman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert L. Tennant
9. Father's Occupation Salesman
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dobbin

Address,

Remarks,

B 9 6 0 0 0 4 8 7 3

been conferred) its sex, color, the full name and occupation of its father, and the maiden name of its mother. The certificate shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person required by this section to report the birth within the period above required, such child to report the birth to the office of Registrar of Vital Statistics, in the manner and within the time above specified. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or fines for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 1st 1896
4. *Place of Birth, (Street and Number)* 923 E. Chase st.
5. *Full Name of Mother,* Annie Margaret Voelker
6. *Mother's Maiden Name,* " " Dietz
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Edward Henry Voelker
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8960004874

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 1st 1896
4. Place of Birth, (Street and Number) 1744 Orleans St
5. Full Name of Mother, Ida Rusbaum
6. Mother's Maiden Name, " Fox
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Isaac Rusbaum
9. Father's Occupation, Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, W. J. Cameron

Address, 425 N. Bond

Remarks,

1 8 9 6 0 0 0 4 8 7 5

month, and shall set forth, as far as the same can be ascertained, the full name, the date and place of birth, and the sex and color of each child born alive, and the full names of its parents; the date and place of their marriage, if it has been conferred; its sex, color, the full name, residence and occupation of the person in the form of a certificate between the first and fifth day of each month, and every month to the office of the Commissioner of Health. In case a living child is born dead, or dies before said schedule shall be delivered, or if no child be born alive, the fact shall be reported in like manner, and within the period above specified, and if any child shall be born alive, and shall thereafter die without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child, or other person in charge of it, to report the fact to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 14th 96.
4. Place of Birth, (Street and Number) 2844 W. Lanvale St.
5. Full Name of Mother, Cora Belle Holland
6. Mother's Maiden Name, Shanff
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm. Lee Holland.
9. Father's Occupation Driver
10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M. D.

Address, 1801 Madison Ave.

Remarks,

8 9 6 0 0 0 4 8 7 6

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been observed) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, in the form of a certificate between the first and second schedule shall be delivered, duly signed by the physician or midwife, or other person having charge of the case, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the person in charge of the case be unable to make the return required, it shall be the duty of each and every month to a physician or practioner of midwifery, or should the parents of such child be able to do so, the father or mother of such child shall become liable for the return required, and shall cause such return to be made immediately thereafter. It shall become the duty of the physician or midwife in attendance upon the birth to the Commissioner of Health within the period above required, and shall cause such return to be made immediately thereafter. It shall become the duty of the physician or midwife in attendance upon the birth to the Commissioner of Health within the period above required, and shall cause such return to be made immediately thereafter. It shall become the duty of the physician or midwife in attendance upon the birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 1
4. Place of Birth, (Street and Number) 202 Perkins St
5. Full Name of Mother, Rosa Reuter
6. Mother's Maiden Name, Pfeigel
7. Mother's Birthplace, Germany
8. Full Name of Father, Fred. R. Reuter
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Miss Mary Kenna

Address, 417 Pratt

Remarks,

1896000487 7

Health. This section is to be filled in by the person making return of birth, and shall set forth as far as the same can be ascertained, the full name of such child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third days of each and every month, to the Commissioner of Health, in the manner and within the period above required, and shall record without alteration or omission, in a book to be provided for the purpose, the particulars of every birth attended upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons who shall so report and comply with the provisions of this section, a sum not exceeding fifty cents. Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 164 Fleet st
4. Place of Birth, (Street and Number) November 1, 1896
5. Full Name of Mother, Maggie Gina
6. Mother's Maiden Name, Caroline
7. Mother's Birthplace, Germany
8. Full Name of Father, John Gina
9. Father's Occupation Workmanne
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schmidt

Address, 734 E Fort Ave

Remarks,

1896 0004878

been conferred) its sex, color, the full name and occupation of the parents, and the number of the child in the order of birth, and to procure a certificate between the first and third day of each and every month, if a physician or practioner of midwifery, or should no other person be in attendance, within ten days after the birth, and to make and sign a certificate of the particulars required, and said schedule shall be delivered, duly signed by the person who shall attend the mother, immediately thereafter. It shall become the duty of each and every person who shall attend the mother, immediately thereafter, to make and sign a certificate of the particulars required, and attendance within ten days after the birth, and to deliver the same with the period above required, and shall receive from the Commissioner of Health a schedule for the purpose, and it shall be the duty of each person who shall receive such schedule to report the birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be sub-

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1236.]

RETURN OF A BIRTH. 78239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 1896
4. *Place of Birth, (Street and Number)* 1112 Orchard Alley
5. *Full Name of Mother,* (2) Rebecca Bernats
6. *Mother's Maiden Name,* (5) Bernats
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Joseph Bernats ~~Bernard~~ D
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E Silverman

Address, 720 Albemarle St

Remarks,

8760004879

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month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) all the particulars required to be registered touching the birth of each child, and the full name and occupation of its parents, in the form of a certificate between the first and 5th day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the same, duly signed by the said person or parents, within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 1st 1896
4. Place of Birth, (Street and Number) 110 Harrison St
5. Full Name of Mother, Rachel Goldman
6. Mother's Maiden Name, "
7. Mother's Birthplace, Russia
8. Full Name of Father, L. Goldman
9. Father's Occupation, Store keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Goldman.

Address, 113 E. Lombard St

Remarks,

8960004880

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RETURN OF A BIRTH. 78241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 1st 1896.
4. Place of Birth, (Street and Number) 141 E Baugh St.
5. Full Name of Mother, Sarah Fats Goldenberg
6. Mother's Maiden Name, Fats
7. Mother's Birthplace, Russia
8. Full Name of Father, Benni Katz
9. Father's Occupation, Presser
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Feldman

Address, 1013 E Lombard St.

Remarks,

8960004881

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Upon the receipt of a certificate of birth, the Registrar shall issue to the person entitled thereto a certificate in the form of a certificate between the first and second dotted lines on this sheet, which certificate shall be signed by the Commissioner of Health. In case the birth certificate shall be delivered, duly signed by the Commissioner of Health, to any other person than the mother, the same shall be delivered to a physician or practitioner of midwifery, or to the person or parents of such child to report its birth to the Commissioner of Health. In the event of the failure of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and after receiving the certificate of birth, the mother, immediately thereafter, shall become and within the period above required, and any such person or persons, who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) Girl
3. Date of Birth, 1 November
4. Place of Birth, (Street and Number) 1610 Langaster Str.
5. Full Name of Mother, Jessie Bielski
6. Mother's Maiden Name, Fijalkowska
7. Mother's Birthplace, Pole
8. Full Name of Father, Joseph Bielski
9. Father's Occupation Shoemaker
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return. Mary Reid

Address, 838 S. Bond Str.

Remarks,

8960004882

tion as to the sex, color, the full name and occupation of its parents, the date and place of birth, and the name conferred; the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then it shall become the duty of the person or persons in charge of the mother or child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neither fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male Twins

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 1st Liv'd a Few Hours

4. Place of Birth, (Street and Number) 1426 N. Lexington st

5. Full Name of Mother, Eliza James

6. Mother's Maiden Name, " Thompson

7. Mother's Birthplace, West Virginia

8. Full Name of Father, William James

9. Father's Occupation Laborer

10. Father's Birthplace, Eastern Shore Maryland

Name of Medical Attendant, or other person who makes this Return, Edgar A. Thomas

Address, 530 Rayner Ave

Remarks, 1896 0004883

been committed in sex, color or names, as given, he shall pay the practitioner in the form of a certificate between the first and third days of each month a full report of every birth occurring in his district during the preceding month, and in default of such attendance upon the mother, immediately before the birth of the child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the Provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female -
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov - 1 1896
4. Place of Birth, (Street and Number) 427 - Division st
5. Full Name of Mother, Mary E Sampson
6. Mother's Maiden Name, - - - Barnett
7. Mother's Birthplace, Calvert Co - Md
8. Full Name of Father, Barney Sampson -
9. Father's Occupation Waiter
10. Father's Birthplace, Talbot Co - Md

Name of Medical Attendant, or other person who makes this Return, W. B. Hawkins

Address, Lyon & Mulberry st -

Remarks, 8960004884

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name or christian name of each child born alive and the sex, color, the date and place of birth; and the full name, residence and occupation of its parents, the date and place of birth; and the full name and residence of the person who delivered such child; and the said facts shall be duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. And in case no other person be in attendance upon the mother, immediately after the birth of any child, the person who shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the said facts to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 1st 96
4. Place of Birth, (Street and Number) 509 S. Bond St
5. Full Name of Mother, Esther Sigro
6. Mother's Maiden Name, Esther Sigro
7. Mother's Birthplace, Warsaw
8. Full Name of Father, Lipman Sigro
9. Father's Occupation Carpenter
10. Father's Birthplace, Warsaw

Name of Medical Attendant, or other person who makes this Return, Zetta Mawansky 1022 E [illegible]

Address,

Remarks,

8960004885

... been concerned in its sex, color, ... duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 2nd 1896
4. Place of Birth, (Street and Number) 1617 N. Bond st
5. Full Name of Mother, Lillie Greenbaum
6. Mother's Maiden Name, Kirby
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Jacob Greenbaum
9. Father's Occupation Liquor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. E. B. Fenby, M. D.

Address. 1219 N. Caroline st.

Remarks.

+ 8 7 6 0 0 0 4 8 8 6

month, and year of the birth of the child, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said attendant shall be delivered, duly filled out, to the office of the Commissioner of Health. Should no other person be in attendance upon the mother, immediately thereafter, he shall report to the Commissioner of Health, in the manner and within the period above required, all the facts within his knowledge required to be reported by the parent, and in addition thereto the name and residence of the person in charge of the child. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 November
4. *Place of Birth, (Street and Number)* 1504 Lancaster Str.
5. *Full Name of Mother,* Lizzie Muslajin
6. *Mother's Maiden Name,* Strajk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry (Abe) Muslajin
9. *Father's Occupation* Mark-man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, 838 S. Bond Str.

Remarks, Mary Brett

B 7 6 0 0 0 4 8 8 7

month, and shall set forth as to the same (if known) the name, residence and occupation of the parents, the date and place of birth, and the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, such certificate shall be made by the person in attendance upon the mother, immediately hereafter, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the Provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 2 1896
4. *Place of Birth, (Street and Number)* 637 N Mulberry
5. *Full Name of Mother,* Johanna J Hutchins
6. *Mother's Maiden Name,* Johanna J Conroy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles L Hutchins
9. *Father's Occupation* Manager
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address,

Remarks,

1896 00048888

Sec. 2. And be it further enacted, That it shall be the duty of the physician in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the Birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter, to make the return of the birth of such child required by this ordinance, and in default thereof, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 18249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in charge of the house in which such birth occurs, and the mother immediately thereafter if it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 2/96
4. *Place of Birth, (Street and Number)*	1121 Battery ave
5. *Full Name of Mother,*	Helen A. Haupt
6. *Mother's Maiden Name,*	Helen A. Barnes
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	George Albert Haupt
9. *Father's Occupation,*	Policeman
10. *Father's Birthplace,*	Balto city
Name of Medical Attendant, or other person who makes this Return,	E. Michaux M.D.
Address,	411 S. Sharp st
Remarks,	

8960004889

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RETURN OF A BIRTH. 78250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 2nd 96
4. *Place of Birth, (Street and Number)*	830 W. Fayette St.
5. *Full Name of Mother,*	Mary E. Baker
6. *Mother's Maiden Name,*	" " Hodges
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George M. Baker
9. *Father's Occupation*	Steam-fitter — Baltimore
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Thomas Opie M.D.
Address,	219 W. Monument St.
Remarks.	

8960004890

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RETURN OF A BIRTH. 78251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, June 2

4. Place of Birth, (Street and Number) 1128 Pulteney St

5. Full Name of Mother, Maggie E. Coleman

6. Mother's Maiden Name, " D'Irone

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles W. Coleman

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Harrison

Address, 1112 Scott St

Remarks.

1896 0004891

been considered its sex, color, the full name and occupation of its parents, the number of children born to the mother between the first and present confinements, and the street and number of the house at which the birth occurred. Duly signed by the attending physician or midwife, in the form of a certificate between the first and present confinements, and the street and number of the house at which the birth of any child shall occur, within the time prescribed by the Commissioner of Health, should no other person be in attendance upon the mother, it shall be the duty of the person or parties occupying the premises where such birth occurred, or the owner or agent of the same, to report the same to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 2 '96
4. Place of Birth, (Street and Number) 512 N Castle St
5. Full Name of Mother, Louise Blakefield
6. Mother's Maiden Name, Steuff
7. Mother's Birthplace, Balto, Md
8. Full Name of Father, Charles Blakefield
9. Father's Occupation Spinner
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Meffert

Address, 1605 Hanover St

Remarks.

8960004892

Wm. C. Dulany Co., City Printers and Stationers.

...the full name and occupation of its parents, the date and place of birth of the child, the sex, color, the number of children born to the mother, and whether the first and only, second, third, etc., child (as the case may be), and shall sign the certificate between the first and third days of each month, and deliver the same, or cause the same to be delivered, to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or other person in charge of such child shall report the birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the time above required, and shall also state the reason why the services of a physician or midwife were not employed. If the parent or other person in charge of such child shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex,* (~~male or female~~) male ~~or female~~
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* November 2nd 1896
4. *Place of Birth,* (*Street and Number*) Pinkies Road (near) in Avenue
5. *Full Name of Mother,* ~~Margaret L Gross~~ Margaret L Goasow Weilepp
6. *Mother's Maiden Name,* Margaret L Goasow
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Bruno Weilepp
9. *Father's Occupation* Real Estate
10. *Father's Birthplace,* Baltimore City, Md -

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D.

Address,

Remarks,

+ 6 9 6 0 0 0 4 8 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the name and occupation of its parents, the date and place of birth, and the number (if any) of children of the mother previously born, and the interval between the first and second births; and shall be delivered, duly filled up, at the office of the Commissioner of Health, or should no other person be conferred) its sex, color, the full name of its parents, the date and place of birth, and the number (if any) of children of the mother previously born, and the interval between the first and said schedule shall be delivered, duly filled up, at the office of the Commissioner of Health, or should no other person be in attendance at the birth of any child within the time prescribed by this section, then the physician or midwife in attendance at the birth of such child shall, within the first three day of each and every month, make out and deliver to the Commissioner of Health a like schedule of all births which shall occur within the month next preceding, which shall be verified by the oath or affirmation of the person making the same. In case the birth of any child shall occur within the mothers, immediately on the receipt of such blank schedules, it shall become the duty of the person or persons in attendance at the birth of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section, and the mother herself fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-6-58

RETURN OF A BIRTH. 78254.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mabel Ruth Prouty

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address

Remarks,

6960004894

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RETURN OF A BIRTH. 78255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 2 Oct 1916 [illegible] Monument St

4. Place of Birth, (Street and Number) Mary Lucas

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, [illegible]

9. Father's Occupation Laborer

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return [illegible]

Address, [illegible]

Remarks,

+ 8 9 6 0 0 0 4 8 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

been corrected in sex, color, or date of birth, or in the name of the child, or if a certificate has been returned to the Commissioner in the form of a certificate between the first and fifth day of each and every month to the Commissioner of Health. In case of the birth of a child after the fifth day of each and every month to the physician or practitioner of midwifery, or the person or parents of such child, or other person in attendance upon the birth, to make return thereof to the Commissioner of Health, as required by law, and in case a birth shall occur without the attendance of a physician or midwife, the parents or other person required to make return thereof shall immediately thereafter, it shall become and within the period above required, make return thereof to the Commissioner of Health, as required by law, and in case a birth shall occur in the absence of the parents, the person in attendance upon the birth to the Commissioner of Health, as required by law, and in case a birth shall occur in the absence of the parents, the person in attendance upon the birth shall forthwith report the birth to the Commissioner of Health, as required by law, and in case any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-5-57

RETURN OF A BIRTH. 18256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Catherine ~~Bosman~~ Boorman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. Children

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 2. 1896
4. Place of Birth, (Street and Number) Wyoming St 419
5. Full Name of Mother, Mary Boorman
6. Mother's Maiden Name, Mary Brom
7. Mother's Birthplace, Germany
8. Full Name of Father, William Boorman
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Margaret E. Lambert

Address, Wilkinson St 1044

Remarks, Mother & baby. D Well

8960004896

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 8257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (~~state whether male or~~ female) female

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, Nov. 2nd, 1896

4. Place of Birth, (Street and Number) 410 Hoffman Street, West

5. Full Name of Mother, Hettie Jackson

6. Mother's Maiden Name, Hettie Jackson

7. Mother's Birthplace, Granite, Baltimore County, Md.

8. Full Name of Father, James Rogers

9. Father's Occupation, Miner

10. Father's Birthplace, Granite, Md.

Name of Medical Attendant, or other person who makes this Return. Dr. Magdalene Warner, M.D.

Address, 410 Hoffman Street, West

Remarks,

1896 0004897

month, and each day of each month in the office of the practitioner of midwifery, or should no other person be in said district, then the owner or occupier of the house in which such birth occurs, shall within the period above required, and after every such birth occur without the attendance of a medical practitioner or midwife, give notice of such birth, and shall forthwith send for the Commissioner of Health, in the manner provided by the ordinances of the City of Baltimore, and shall furnish to the Commissioner of Health, in the manner provided by the ordinances of the City of Baltimore, the full name and occupation of its parents, the date and place of birth; and the Commissioner of Health shall thereupon issue a certificate between the first and fifteenth days of each month, stating the number of births which have been registered during the preceding month, and for each child so registered, duly signed by the Commissioner of Health. In case the birth of any child shall not be registered as herein required, the practitioner of midwifery, or should no other person be in said district, then the owner or occupier of the house in which such birth occurs, shall within the period above required, and after every such birth occur without the attendance of a medical practitioner or midwife, give notice of such birth, and shall forthwith send for the Commissioner of Health, in the manner provided by the ordinances of the City of Baltimore, and shall furnish to the Commissioner of Health, in the manner provided by the ordinances of the City of Baltimore, the full name and occupation of its parents, the date and place of birth; and the Commissioner of Health shall thereupon issue a certificate between the first and fifteenth days of each month, stating the number of births which have been registered during the preceding month, and for each child so registered, duly signed by the Commissioner of Health. In case the birth of any child shall not be registered as herein required, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines may forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the date and place of birth; and the [sex, color, the full name and occupation of its parents, ...] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov. 2/96

4. *Place of Birth, (Street and Number)* 840 Woodward St

5. *Full Name of Mother,* Mary A. Wirit

6. *Mother's Maiden Name,* " " Fullner

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* Peter Wirit

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Wm B Rider

Address, 867 Harlem Ave.

Remarks,

1896000 4898

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RETURN OF A BIRTH. 78259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st —
1. Sex, (state whether male or female) Female —
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 2d 1896
4. Place of Birth, (Street and Number) 208 N Stricker St
5. Full Name of Mother, Freddie Sutton
6. Mother's Maiden Name, Myers —
7. Mother's Birthplace, Germany —
8. Full Name of Father, George Sutton
9. Father's Occupation Salesman —
10. Father's Birthplace, Maryland
Name of Medical Attendant, or other person who makes this Return, W. B. Hawkins
Address, Green & Mulberry Sts.
Remarks, 8960004899

nnath, and shall set forth such facts as the same can be ascertained; the full name of such child, (if any shall have been determined by the parents,) the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate, to the father or mother of any child born alive, or in case of the death, absence or inability of both father and mother, then to the person in charge of such child, within thirty days after the birth of any child and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, then the midwife, or should no other person be in attendance upon such midwife, then it shall become the duty of the person or parents of such child to report the birth in the manner and within the time above specified; and no burial permit shall be issued by the Commissioner of Health, in the manner and within the time above specified, until the certificate of birth required by this section shall be delivered to the Commissioner of Health. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female). Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 2 1896
4. Place of Birth, (Street and Number) Polk st Homestead
5. Full Name of Mother, Maggie Taylor McClown
6. Mother's Maiden Name,
7. Mother's Birthplace, Md
8. Full Name of Father, Chas Taylor Talor
9. Father's Occupation
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Peyton Redwood Dr

Address, 23 Gadsden Avenue

Remarks,

8960004900

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RETURN OF A BIRTH. 18261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	2nd
1. *Sex,* (*state whether male or female*)	female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth,*	Nov 2 '96
4. *Place of Birth,* (*Street and Number*)	1604 Clifton Pl
5. *Full Name of Mother,*	Anna VanKirk
6. *Mother's Maiden Name,*	" Hazard
7. *Mother's Birthplace,*	N. Y.
8. *Full Name of Father,*	Henry VanKirk
9. *Father's Occupation,*	Silver Chaser
10. *Father's Birthplace,*	N. Y.
Name of Medical Attendant, or other person who makes this Return,	Wm J Watson
Address,	1601 N. Broadway
Remarks,	

18960004901

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RETURN OF A BIRTH. 78262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 November 1896
4. Place of Birth, (Street and Number) No 1836 Thayer St. S. S.
5. Full Name of Mother, Rosella McKay
6. Mother's Maiden Name, Terry
7. Mother's Birthplace, Richmond Virginia
8. Full Name of Father, John J. McKay
9. Father's Occupation Engineer
10. Father's Birthplace, Richmond Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaeffler

Address, No 1208 E. Fort Ave L. P.

Remarks,

1 8 9 6 0 0 0 4 9 0 2

month, and shall set forth the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and the number now living; and a certificate between the first and second days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the parents or parent of such child to report the same within the period above required, and any neglect or refusal to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 2 th 18[illegible]
4. Place of Birth, (Street and Number) 1722 Lancaster st
5. Full Name of Mother, Teana Kovcenek
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemaine
8. Full Name of Father, Vincen Kovcenek
9. Father's Occupation Salzo
10. Father's Birthplace, Bohemane

Name of Medical Attendant, or other person who makes this Return, Mary Curtin

Address, 205 N. Washington st

Remarks,

+ 8 7 6 0 0 0 4 9 0 3

month, and shall set forth as far as the same can be ascertained, the name, sex, color, if a child, and the date and place of birth; and the name, residence and occupation of its parents, the date and place of birth; and the name, residence and occupation of its parents, the date and place of birth; and the been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate between the first and second days of each month, and every month to the office of the Commissioner of Health. And no other person be in attendance upon the mother, immediately after the birth of the first child, and no other person shall become the duty of the person or parents of such child to report its birth as aforesaid, unless the said practitioner shall neglect or refuse to comply with the provisions of this section, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 78264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 3rd 1876

4. Place of Birth, (Street and Number) 1109 N. Eastern ave.

5. Full Name of Mother, Margaret Lewy

6. Mother's Maiden Name, Peal

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Andrew Lewy

9. Father's Occupation Colored Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18960004904

month, and shall set forth as far as the same can be ascertained the full name & residence of the parents, the date and place of birth, and the sex, color, and name of each child born alive at one birth; and every physician, midwife or other person who shall neglect or refuse to make such return, or shall knowingly make a false return, shall be liable to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 3d of November 1896
4. *Place of Birth, (Street and Number)*	No 1502 Harford Ave
5. *Full Name of Mother,*	Lizzie Brown
6. *Mother's Maiden Name,*	Lizzie Curran
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robert L Brown
9. *Father's Occupation*	Junior Transfer Driver with Pratt St.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. Cole Lucas
Address.	No 1505 Harford Ave
Remarks,	Bal. Md.

18960004905

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month, and shall set forth as far as the same can be ascertained the date and place of birth, and the full name and usual occupation of the parents, the date and place of birth, and the name conferred, its sex, color, if illegitimate, and such other facts as may be required by the Commissioner of Health. In case no other person be in attendance at such birth, the mother shall be required to make such return and within the period above specified. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 3rd 1896
4. Place of Birth, (Street and Number) 483, 23rd St
5. Full Name of Mother, Margaret Ellen Schmidt
6. Mother's Maiden Name, Margaret Ellen McClain
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Henry B. Schmidt
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, J. C. Hammann M.D.

Address, 621 N. Carrollton Av

Remarks,

8960004906

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health. Immediately upon the birth of any child said schedule shall be delivered, duly signed by the physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified. And any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Hilda Eleanor Schleunes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, NOV -3 1896
4. Place of Birth, (Street and Number) W. North Ave
5. Full Name of Mother, Beatrice Schleunes
6. Mother's Maiden Name, Albert
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George Schleunes
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Jos. E. Saunders

Address, 1075 W. Fayette St

Remarks, L. O. L. A.

8960004907

been conferred its sex, color, the names and occupations of its parents, and the time and place of birth, in the form of a certificate between the first and third day of each and every month, to the officer or person appointed to receive the same, which certificate shall be delivered, duly signed by the attendant, to the said officer or person on demand. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person with whose family the child resides to report its birth to the Commissioner of Health. In case the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Nov 3rd 1896
4. Place of Birth, (Street and Number)	866 Peirce street
5. Full Name of Mother,	Emma Green
6. Mother's Maiden Name,	Emma Thomas
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	David Green
9. Father's Occupation	Teamster
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Dr E W. Kennard
Address,	708 Ensor Street
Remarks,	Delicate weight 5½ lbs

15960004908

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of such person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3rd 1896.
4. Place of Birth, (Street and Number) Baltimore Hull St. 1317
5. Full Name of Mother, Virginia Agnes King
6. Mother's Maiden Name, Virginia Agnes Clayton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Louis King
9. Father's Occupation Captain of Barge
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return: Maurice H. Eliot

Address, 1617 Eutaw St

Remarks,

B 9 6 0 0 0 4 9 0 9

been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in attendance upon the birth, or by the father or mother of such child, to the Commissioner of Health, at the office of the Commissioner of Health, in the city hall within thirty days after the birth of such child, and every month thereafter, until the same shall become the duty of the person or persons in attendance upon the mother at the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 3. 1896
4. Place of Birth, (Street and Number) 308 S Chester St.
5. Full Name of Mother, Sarah Dosch
6. Mother's Maiden Name, " Bayard
7. Mother's Birthplace, Balto City
8. Full Name of Father, Geo S. Dosch
9. Father's Occupation Laborer
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return, A Bauer M.D.

Address, 3042 O'Donnell St.

Remarks, —

8960004910

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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78271

male No. of Child of Mother. 1st

or Color. White

Brown 3rd

of Birth. 311 S. Calhoun

Name of Mother. Annie E. Burgess

er's Maiden Name. Annie E. Zerbe

er's Birthplace. Frederick

Name of Father. Wm. H. Burgess

er's Occupation. Mathinist

er's Birthplace. Baltimore City

J. F. Blaney

106 N. Gilmor St

1896000491 1

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3rd November
4. *Place of Birth, (Street and Number)* 852 West Pratt st
5. *Full Name of Mother,* Magdalene Birkmeyer
6. *Mother's Maiden Name,* Madgalene Rutch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wm Birkmeyer
9. *Father's Occupation* Confectioner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Seebach

Address, 735 West Pratt st

Remarks,

1 8 9 6 0 0 0 4 9 1 2

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RETURN OF A BIRTH. 78273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, October 2 1915 Sat
4. Place of Birth, (Street and Number) # 101 E Pratt Lane
5. Full Name of Mother, Bessie Greiner
6. Mother's Maiden Name, Stange
7. Mother's Birthplace, Germany
8. Full Name of Father, Harry Greiner
9. Father's Occupation Driver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Sims

Address, [illegible]

Remarks,

8960004913

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been conferred) its sex, color, &c. by the Physician, Midwife or other person who may be in attendance at the birth, or by the father or mother of such child, or in default of the father or mother, by the householder of the house in which such birth occurs, or by the nurse, if any, shall make a certificate between the first and third day of each and every month, in the form of a certificate between the first and said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or other person required by this section to report its birth to the Commissioner of Health, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 3rd 1896
4. Place of Birth, (Street and Number) 1743 Hanover St
5. Full Name of Mother, Ella Cassell
6. Mother's Maiden Name, Ella Dove
7. Mother's Birthplace, Carroll County Maryland
8. Full Name of Father, Fletcher B. Cassell
9. Father's Occupation, Locomotive Engineer
10. Father's Birthplace, Carroll County Maryland

Name of Medical Attendant, or other person who makes this Return. Albert S. Atkinson, M.D

Address, 1031 N. Carolina St.

Remarks,

8 9 6 0 0 0 4 9 1 4

been conferred on its sex, color, &c., if any, agreeably to the prescription in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, within seven days after the occurrence of such birth, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 1896
4. Place of Birth, (Street and Number) 163 Church St. Court
5. Full Name of Mother, Bonnie Jones
6. Mother's Maiden Name, Bonnie Gray
7. Mother's Birthplace, Catonsville
8. Full Name of Father, Robert Jones
9. Father's Occupation, Day Laborer
10. Father's Birthplace, Howard Co Md.

Name of Medical Attendant, or other person who makes this Return, Mary Haney M.D.

Address, 1 E. Lanvale St

Remarks,

8960004915

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, This Day March 3rd 1896
4. Place of Birth, (Street and Number) 25 E. Eutaw St
5. Full Name of Mother, Gitta Hymer
6. Mother's Maiden Name, Cohen
7. Mother's Birthplace, Russia
8. Full Name of Father, Ike Hymer
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return: Mrs. J. Feldman

Address, 1119 E. Lombard St.

Remarks,

8960004916

been conferred; its sex; color; the full name and occupation of its parents; the date and place of its birth; and said ochedule shall be delivered, duly signed by the person in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such a person with the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 3rd 1897

4. Place of Birth, (Street and Number) 4th 3 Baker Lane

5. Full Name of Mother, Katie McAfee

6. Mother's Maiden Name, Lopez

7. Mother's Birthplace, Ireland

8. Full Name of Father, John McAfee

9. Father's Occupation Fireman

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Margaret L. Hinkel

Address, 1 Patterson Park Ave

Remarks, 10 James St.

8960004917

been committed in such case. The fee hereby authorized to be paid by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed and verified, to the Registrar of Vital Statistics, in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, it shall become and within the period above required, and attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of five (5) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 November
4. Place of Birth, (Street and Number) 1603 Bethel St.
5. Full Name of Mother, Fanny Eyz Lawrencka
6. Mother's Maiden Name, Pole
7. Mother's Birthplace, Pole
8. Full Name of Father, Andy Eyz
9. Father's Occupation Laborer man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretty

Address, 838 S Bond Ste Baltimore Md

Remarks,

3960004918

Wm. J. C. Dulany Co., City Printers and Stationers.

The law requires that you enter the full name and occupation of its parents, the date and place of birth; and the sex of each child born alive, delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately after the birth of any child, and who shall neglect or refuse to make such report, or who shall hereafter fail to comply with the provisions of this section, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 November
4. Place of Birth, (Street and Number) 1625 Shakspear Str.
5. Full Name of Mother, Victory Lada Tumiskona
6. Mother's Maiden Name,
7. Mother's Birthplace, Pole
8. Full Name of Father Charles Lada
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return

Address, 838 S. Bond Str.

Remarks, Mary Pratt Balto. Md.

+ 6 7 6 0 0 0 4 9 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Upon the birth of each child, the full name and occupation of its parents, the date and place of birth, and the sex thereof; also the name and residence of the physician or midwife present at the birth, if any, and in case there was no physician or midwife present at the birth of any child said schedule shall be delivered, duly signed, by the father or mother of such child to the Commissioner of Health, at the office of the Commissioner of Health, and should no other person be in the house at the time of the birth of such child, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, at the office of the Commissioner of Health, within the first three days of each and every month; and in case there shall be a physician or practitioner of midwifery present at the birth of any child, then it shall be the duty of such physician or practitioner of midwifery to report such birth to the Commissioner of Health, in the manner and within the period above mentioned; and in case there shall be a midwife present at the birth of any child, then it shall be the duty of such midwife to report its birth to the Commissioner of Health, in the manner and within the period above mentioned; and in case there shall be no physician or midwife present at the birth of any child, then it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned; and any such person or persons who shall refuse or neglect after full to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 4 Nov.
4. *Place of Birth, (Street and Number)* 816 E. Monument St
5. *Full Name of Mother,* Lizzie Madden
6. *Mother's Maiden Name,* Lizzie Kennedy
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Peter F. Madden
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Smith Hutchinson

Address, 1417 E. Eager St.

Remarks,

1896000 4920

Persons having in their care any child born in Baltimore City, shall report the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall be the duty of the father or mother of such child, or the person with whom such child is living, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, November 4th 1896
4. Place of Birth, (Street and Number) #818 William St
5. Full Name of Mother, Catherine Kunkel
6. Mother's Maiden Name, Catherine Bush
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Frederick J. Kunkel
9. Father's Occupation Blacksmith & Wagon Builder
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Miss Cooke M.D.

Address, 914 N. Chas St - City

Remarks,

1896000492 1

Wm. J. C. Dulany Co., City Printers and Stationers.

(...been collected) its sex, color, the full name and occupation of its parents, the name and place of residence of the physician or midwife, if any, in attendance upon such birth, and the number of the certificate issued by the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person or persons shall be required, and any person or persons who shall refuse or neglect to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 4th 189[illegible]
4. Place of Birth, (Street and Number) 421 N. Bradford st
5. Full Name of Mother, Katie Hassal
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fredricke Hassal
9. Father's Occupation Printer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopsick

Address, 205 N Washington St

Remarks,

8960004922

Wm. J. C. Dulany Co., City Printers and Stationers.

Births and shall set forth as far as the same can be ascertained the full name of each child, if any, that may have been born alive to the mother, the sex, color, the full name and occupation of its parents, the date and place of birth and the number of children born to the mother, including the present birth, and whether the child be the first, second or other child born to the mother, and the number of children, if any, born to the mother that are then living, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the limits of the City of Baltimore, it shall become the duty of the person or parties in attendance upon the mother, or in the absence of such attendant, of the father or mother of such child, immediately thereafter, if able to write, to report the birth to the Commissioner of Health, in the manner and form required by this section, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Wednesday Nov 4th 96 (1.10 P.M.)
4. Place of Birth, (Street and Number) 922 W. Baltimore St
5. Full Name of Mother, Estella Hammond
6. Mother's Maiden Name, Estella Smallwood
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Frederic W. Hammond
9. Father's Occupation Dentist
10. Father's Birthplace, Vermont

Name of Medical Attendant, or other person who makes this Return, Dr Wesley Mc D.

Address, 112 W Mulberry St

Remarks,

8960004923

been collected; a sex doctor, he is directed to deliver the certificate to the person who presents the first and said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child third day of each and every month, with a like certificate and like penalties for neglect. No certificate of a physician or practitioner of midwifery, or undertaker, or other person, shall be received by the Registrar of Vital Statistics after the period above required, and attendance upon the mother, immediately thereafter, in like manner and within the period above required, and child to report its birth to the Commissioner, after fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 4th 1896
4. Place of Birth, (Street and Number) 2024 W. North Avenue
5. Full Name of Mother, Emma Bell Schneider
6. Mother's Maiden Name, " " Carr
7. Mother's Birthplace, Calvert Co. Md.
8. Full Name of Father, John Henry Schneider
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, John Girdwood M.D.

Address, 2021 W. North Ave.

Remarks,

8960004924

Wm. J. C. Dulany Co., City Printers and Stationers.

1886

RETURN OF A BIRTH. 78285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 4th 1896
4. Place of Birth, (Street and Number) 1003 d E Chapple st
5. Full Name of Mother, Fanny Basil
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemaine
8. Full Name of Father, Charles Basile
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemaine

Name of Medical Attendant, or other person who makes this Return, Mary Hastert

Address, 205 N Washington St

Remarks,

8960004925

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and residence of the parents, the date and place of birth; and the said schedule shall be delivered, certified by the said practitioner in the form of a certificate between the first and third days of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 November
4. Place of Birth, (Street and Number) E. Bond Str. 823
5. Full Name of Mother, Josefsiane Macek
6. Mother's Maiden Name, Lindelar
7. Mother's Birthplace, Böhmen
8. Full Name of Father, John Macek
9. Father's Occupation Tailor
10. Father's Birthplace, Böhmen

Name of Medical Attendant, or other person who makes this Return, Mary Poth

Address, 838 E. Bond Str

Remarks, Baltor. Md.

+ 8960004925

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 18287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d,~~ &c.) 2nd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, November 7th 1896
4. Place of Birth (Street and Number), 435 N. High St
5. Full Name of Mother, Eva Cohen
6. Mother's Maiden Name, Schrader
7. Mother's Birthplace, U. S. City
8. Full Name of Father, Abraham Cohen
9. Father's Occupation, Merchant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Dr. Frank Hild

Address, 202 W. Lexington St

Remarks,

8960004927

and shall set forth as far as the same can be ascertained the date and place of birth, and the full name, sex, color, the full name and occupation of its parents, the date and place of their marriage, and the number of children born to the mother; the full name and residence of the physician, midwife or other person in attendance upon the birth; and the number of children born to the mother; the full name and residence of the physician, midwife or other person in attendance upon the birth; and the number of children born to the mother. Immediately hereafter it shall be and within the period above required, full and complete returns of all births which shall hereafter occur in his district, which returns shall be subject to the inspection of the Commissioner of Health, and shall be made out in accordance with the provisions of this section under the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 78288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Wed 7th November 1896
4. Place of Birth, (Street and Number) 425 Myrtle ave Balto md
5. Full Name of Mother, Annie Stewart
6. Mother's Maiden Name, Annie Gannon
7. Mother's Birthplace, Frederick Md
8. Full Name of Father, John Stewart
9. Father's Occupation, Tinsmith
10. Father's Birthplace, Londonderry Ireland

Name of Medical Attendant, or other person who makes this Return. Jane Butler

Address, 208 Myrtle ave

Remarks, Mother & child are doing well

4896000049928

RM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 4/96
4. Place of Birth, (Street and Number) 1738 Friendsbury Pl.
5. Full Name of Mother, Louisa Hagedorn
6. Mother's Maiden Name, " Graeton
7. Mother's Birthplace, Germany
8. Full Name of Father, John Hagedorn
9. Father's Occupation Baker
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Wm. B. Rider

Address, 867 Harlem Ave.

Remarks.

8960004929

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the number of the child of the mother, if born alive, and whether the first and second child, or twin, triplet or quadruplet, and shall cause the birth of any child to be duly signed by the practitioner in the form of a certificate as above, and delivered within said schedule shall be delivery month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of such child, and within the first thirty days of each month thereafter, a certificate of every birth which may have occurred within the district during the preceding month, and which shall have occurred without the attendance of a physician or midwife. It shall become the duty of the person or parties in attendance upon the mother, immediately after the birth of such child, and within the first thirty days of each month thereafter, a certificate of every birth which may have occurred within the district during the preceding month, and which shall have occurred without the attendance of a physician or midwife. It shall become the duty of the person or parties in attendance upon the mother, immediately after the birth of such child, and within the first thirty days of each month thereafter, a certificate of every birth which may have occurred within the district during the preceding month, and which shall have occurred without the attendance of a physician or midwife. It shall become the duty of the person or parties in attendance upon the mother, immediately after the birth of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 5th. November.
4. Place of Birth, (Street and Number) 778 Dawes St.
5. Full Name of Mother, Lizzie Emerson
6. Mother's Maiden Name, Lizzie Fostenau.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles E. Emerson
9. Father's Occupation Harness maker.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Seibach.

Address,

Remarks,

8460004930

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife or other person who shall attend the birth of any child between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the form and manner as above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 5 May 1896
4. Place of Birth, (Street and Number) 504 Shark H
5. Full Name of Mother, Mary Bolden
6. Mother's Maiden Name, J Dorsey
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wm Bolden
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs R Allig

Address, 902 Eden Lane

Remarks,

1896000493 1

Wm. J. C. Dulany Co., City Printers and Stationers.

upon the Application of the Father, and the name, occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the father of any child cannot be found, or is dead, or absent from the city, or unable to act, the duty of the person or parents of such child to report, as herein required, shall become the duty of the person or parents of such child to report, as herein required, shall become the duty of the person in charge of the house in which the birth occurs, or attendant, or the nearest relative present at the birth. It shall become the duty of the person or parents of such child to report, as herein required, shall become the duty of the person in charge of the house in which the birth occurs, or attendant, or the nearest relative present at the birth. In the manner and within the period above required, and shall occur without the attendance of a physician or midwife. It shall become the duty of the person or parents of such attendance upon the birth of the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 5 — 1896

4. Place of Birth, (Street and Number) 12 S. Bethel St.

5. Full Name of Mother, Litty Wilson

6. Mother's Maiden Name, Mathew

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Lawrence Wilson

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E Pratt St.

Remarks, 18960004932

Health, § 3, 2d. Each Sexton or other person who shall bury the dead shall ascertain the full name of each child, if any, shall have been named, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been named, its sex, color, the day, month and year of birth, the name and residence and occupation of its parents, the date of burial, and the name and residence of undertaker, and shall within ten days thereafter make a return of the facts so ascertained to the office of the Commissioner of Health, which return shall be signed by the practitioner in the form set forth. In case the birth of any child shall not be attended by a physician or midwife, or should no other person required to report such birth be present at the birth, then it shall become the duty of the person having charge of such child to report its birth to the office of the Commissioner of Health, in the manner and within the time above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 5 1896
4. Place of Birth, (Street and Number) 402 S. Regester St.
5. Full Name of Mother, Kate Hertrich
6. Mother's Maiden Name, Buettner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Hertrich
9. Father's Occupation Shipbuilder
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this return, Mary Stein

Address, 1427 E. Fait St.

Remarks.

+ 8 9 6 0 0 0 4 9 3 3

been conferred) its sex, color, the full name and occupation of its parents, the time of birth of each child born alive, the number of children born to the mother, and whether the first and said schedule shall be delivered, duly signed by the physician or midwife, to the Commissioner of Health. In case the birth of any child third day of each and every month a certificate in the form of a certificate between the first and shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance at the birth, then the mother, immediately thereafter, shall become the informant and within the period above required, and said mother is unable to make such return, then the father, or in case of his death or inability, the nearest relative present at the birth, shall make such return. Every person required by this section to report a birth to the Commissioner of Health and who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 18294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) black
3. Date of Birth, Nov. 5th 1896
4. Place of Birth, (Street and Number) Small alley of Bond St. bet. Orleans & Fleet
5. Full Name of Mother, Bella Broom
6. Mother's Maiden Name, Bella Cromwell
7. Mother's Birthplace, Church Creek, Md
8. Full Name of Father, William Broom
9. Father's Occupation Laborer
10. Father's Birthplace, Hennarket, Md

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin

Address,

Remarks,

+ 8960004934

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 5 1896
4. Place of Birth, (Street and Number) Montello Ave
5. Full Name of Mother, Jessie Walker
6. Mother's Maiden Name, " "
7. Mother's Birthplace,
8. Full Name of Father, Bastard
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey
Address, Talbot
Waverly
Remarks, Balto

8460004485

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner, then it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period of time above mentioned; and in case the mother, immediately after the birth of her child, be in the unattended state mentioned, the person in attendance upon the mother, immediately after the birth of her child, shall be required to report the same as above provided; and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78296

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 6
4. Place of Birth (Street and Number)	119 N Schroeder
5. Full Name of Mother	Minnie Mangold Kochlerschmidt
6. Mother's Maiden Name	Minnie Mangold
7. Mother's Birthplace	Balt. Md
8. Full Name of Father	John G. Kochlerschmidt
9. Father's Occupation	Clerk
10. Father's Birthplace	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	Robert K Kweas
Address	220 N Calmer [redacted]
Remarks	

1896 0004936

RETURN OF A BIRTH. 78297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, November 6th 1896
4. Place of Birth, (Street and Number) 1705 Guilford ave.
5. Full Name of Mother, Helen J Martin
6. Mother's Maiden Name, Helen V White
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, George A Martin
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Dr Theodore Brooks

Address, 914 N. Charles St. City

Remarks,

8960 004937

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-27-55

RETURN OF A BIRTH. 78298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Amendeth Arnett Taylor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 6 August 1896
4. Place of Birth, (Street and Number) 1003 Gwynns Falls Ave
5. Full Name of Mother, Emma Gertrude Taylor
6. Mother's Maiden Name, Blanchard
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Taylor
9. Father's Occupation Steel in Foundry
10. Father's Birthplace, Md Co

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Jane Lee Woodyard

Address, 1007

Remarks,

6766004938

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person required to report the same, the mother, immediately after the expiration of the period above required, and any such person or persons who shall hereafter fail to report as herein required, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as near as the same can [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-26-58

78299

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Holland Lemuel ~~Browning~~

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. *Sex,* (~~state whether~~ male ~~or female~~)
2. *Race or Color,* (~~if not of the~~ white ~~race~~) White
3. *Date of Birth,* Nov 6th 1896
4. *Place of Birth,* (*Street and Number*) 113 S. Stricker
5. *Full Name of Mother,* Sarah J. Browning
6. *Mother's Maiden Name,* Sarah J. Barton
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Luther L. Browning
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D.

Address, 914 N. Charles St. City

Remarks,

1896 0004939

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th twins

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 6, 1896
4. Place of Birth, (Street and Number) Hart Av. No 1418.
5. Full Name of Mother, Annie Dull
6. Mother's Maiden Name, Annie Diehl
7. Mother's Birthplace, New York
8. Full Name of Father, Jerry H. Dull
9. Father's Occupation Police Officer
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return Mrs Ettie

Address, 1611 Cuba St

Remarks,

1896 0004940

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 6th 1896
4. Place of Birth, (Street and Number) 206 W. Conway St
5. Full Name of Mother, Lena Herzog
6. Mother's Maiden Name, Lena Heintz
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Herzog
9. Father's Occupation Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. E. Michaels M.D.

Address. 411 S. Sharp St

Remarks.

B 2 6 0 1 0 4 9 4 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out in the form of a certificate between the first and third days of each month next succeeding the birth, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person occupying the house where the birth occurred, or in which the mother may be at the time of such birth, within the period above required, and child to report its birth to the Commissioner of Health. In case any person required, and such person shall, upon conviction thereof, fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 W

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 6th 96

4. Place of Birth, (Street and Number) Talbot.

5. Full Name of Mother, Anna Brown

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father, Bastard

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who make this Return, Susan E Bailey

Address, Talbot St

Remarks, W Ave

1896 0 0 0 0 4 9 4 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of every month to the office of the Commissioner of Health. And should no other person be in attendance upon the mother, immediately after the birth of the child, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section will be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-4-52

RETURN OF A BIRTH. 78303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Warfield Monroe Firor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday Nov. 7th, 96
4. Place of Birth, (Street and Number) * 713 Harlem Ave.
5. Full Name of Mother, Carrie Virginia Firor
6. Mother's Maiden Name, Carrie V. Cook
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Oliver Thomas Firor
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960004943

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourteenth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, November 7th 1896
4. Place of Birth, (Street and Number) No 1349 W. Preston St
5. Full Name of Mother, Annie Newton
6. Mother's Maiden Name, " Grey
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Richard Newton
9. Father's Occupation Coachman
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 1024 Park Ave

Remarks.

1896000049 44

Wm. J. C. Dulany Co., City Printers and Stationers.

Whoever, in filling up a return of birth, shall wilfully state the sex, color, the full name and occupation of the parents, the date and place of birth, and the name of the child otherwise than as the same shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or shall cause the same to be so stated, or shall refuse or neglect to make such return, or cause the same to be made, or shall cause any other person to be instructed to make a false return, or if any person shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall neglect or refuse to do so, or shall wilfully state the same falsely, or shall refuse or neglect to make such return, or cause the same to be made, or shall cause any other person to be instructed to make a false return, or if any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 10th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 7th of November 1896
4. *Place of Birth, (Street and Number)*	No 1825 Madison Ave 1st
5. *Full Name of Mother,*	Mary L. Jenkins
6. *Mother's Maiden Name,*	Mary L. Duff
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank M. Jenkins
9. *Father's Occupation*	Telegraph Operator
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs L. L. Lewis
Address,	No 1025 Seaford bet
Remarks,	Balt Md

11/96

+ 8 9 6 0 0 0 4 9 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

mother, and shall be to her the full name and occupation of its parents, the date and place of birth and the number of such child (if a child has been born alive before), and whether such child was living at the time of making such return, and if dead, the time of its death; and every midwife who shall assist at the birth of any child shall deliver such certificate as aforesaid to the person or one of the persons required to make return thereof, or, in default thereof, shall deliver such certificate to the proper Registrar within the period hereinbefore limited for the making of such return; and every physician who shall be in attendance upon the mother, immediately after the birth of the child, or, if he be called in after the birth has occurred, then immediately after he shall become aware of the occurrence, shall report to the proper Registrar the particulars required to be returned touching such birth; and every person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-23-56

RETURN OF A BIRTH 78306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Paul Heinmuller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 7th 1896 - 5 a m.
4. Place of Birth, (Street and Number) 1962 Harlem ave.
5. Full Name of Mother, Emma Heinmuller
6. Mother's Maiden Name, Emma Olive
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles E Heinmuller
9. Father's Occupation, Lithographer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. A. H. Foster M.D

Address, 1136 w Lexington St

Remarks,

+ 8 9 6 0 0 0 4 9 4 6

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive since the last preceding birth, the date and place of birth; and the said schedule shall be delivered, duly filled out as aforesaid, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in each district during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been omitted in the previous returns), the sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month, duly signed by the Practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person in charge of the house where such birth occurs, or the nearest relative present, or the midwife or nurse in attendance upon the mother, immediately thereafter, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Nov. 7th 1896
4. *Place of Birth, (Street and Number)*	139 S. Milton Ave
5. *Full Name of Mother,*	Katherine E. Lange
6. *Mother's Maiden Name,*	" Wolferman
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	H. Wm Lange
9. *Father's Occupation*	Coal dealer
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	M. J. Cameron
Address,	425 N Broadway
Remarks,	GIVEN NAME ADDED 1-30-53 Name: Hilda Margaretha Lange

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2

1. Sex, (*state whether male or female*) Male
2. Race or Color, (*if not of the white race*) White
3. Date of Birth, Nov 7th 1896
4. Place of Birth, (*Street and Number*) 210 S Eden St
5. Full Name of Mother, Sarah Ginsberg
6. Mother's Maiden Name, Goldberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Samuel I Ginsberg
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. J Ridgway Andrei M.D.

Address, 1123 E Baltimore St

Remarks,

8960004948

Wm. J. C. Dulany Co., City Printers and Stationers.

been committed in each case, the name and occupation of its parents, the date and place of birth, and the name, if any, with which it was baptized. And I certify that the first and [illegible] shall be delivered, duly signed by the practitioner in the form of certificate between the first and [illegible] day of each and every month (to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the [illegible] shall become the duty of the person or persons in such attendance upon the mother, Commissioner of Health, in the manner and within the time above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 1st.

1. Sex (state whether male or female), F.

2. Race or Color (if not of the white race), W.

3. Date of Birth, ~~Oct~~ Nov. 7 - 96.

4. Place of Birth (Street and Number), 117 N Exeter St.

5. Full Name of Mother, Rachel Blumberg

6. Mother's Maiden Name, Rachel. Cohen.

7. Mother's Birthplace, Russia.

8. Full Name of Father, Michael Blumberg.

9. Father's Occupation, Peddler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Alfred C. [illegible] M.D.

Address, 1121 E. Baltimore St.

Remarks, Premature. Probably 7 months.

...ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the same shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960584949

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 78310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 7th
4. Place of Birth, (Street and Number) *298 East Ave
5. Full Name of Mother, Grace Payne
6. Mother's Maiden Name, Grace Ogerston
7. Mother's Birthplace, Catonsville
8. Full Name of Father, Allen Payne
9. Father's Occupation, Farmer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Mary A. Portner

Address, *[illegible] E. Chester

Remarks,

1 8 9 6 0 0 0 4 9 5 0

been conferred; the sex, color, the ast name and occupation of the father, if known, and the place of birth, so far as the same have been ascertained; all births shall be delivered, duly signed by the practitioner in charge, at the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be required by this section to make return of such birth, it shall be the duty of the parent or parents, or in the absence of the parents, the occupant of the house in which such birth shall occur without the attendance of a practitioner of midwifery, to report the same to the Registrar of Vital Statistics, within the period above required, and shall thereafter, immediately thereafter it shall become the duty of the person or persons in attendance upon the birth to report the same as required by the provisions of this section shall be subject to the penalty imposed by law for the violation of the provisions of this section. In addition to the penalty above provided, any person or persons who shall hereafter fail to report as required by the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM KODAK

RETURN OF A BIRTH 78311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 th day of November 1896
4. Place of Birth, (Street and Number) #1703 Hanover str. City
5. Full Name of Mother, Elenor L. Braun
6. Mother's Maiden Name, Elenor L Coleman
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, John F. P. Braun
9. Father's Occupation, Soldier
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. Mrs Mollie M. Stoller

Address, #1703 Hanover str City

Remarks,

8960004951

month and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been concealed or omitted from the foregoing enumeration of its parents, the date and place of birth, and shall have said schedule shall be delivered duly signed by the enumerator to the clerk of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the attendance of a physician or practitioner of midwifery, or shall neglect or refuse to report the child to report, the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-

1. Sex, (state whether ~~male or~~ female) female
2. Race or Color, (~~if not of the white race~~) Colored
3. Date of Birth, 8 Nov 1896 at ¼ past 1 o'clock a. m
4. Place of Birth, (Street and Number) 826 McDonogh st
5. Full Name of Mother, Emily J. Barnett
6. Mother's Maiden Name, — Ringold
7. Mother's Birthplace, Balto. city m. d
8. Full Name of Father, Wm. L. Barnett
9. Father's Occupation, odd jobs and a laborer
10. Father's Birthplace, Balto city m. d

Name of Medical Attendant, or other person who makes this Return. Josephine Amos — Cooper

Address, 821 Shuter st

Remarks, Mother is well Child is little weak

Balto 8/16 1 0 0 4 9 5 2

Rule 1. It is the duty of the father, if living, of the mother, if the father be dead, of the householder, of the physician, midwife, or other person present at the birth, and of the undertaker, sexton, or other person who shall first bury any child born dead without the attendance of a physician or midwife, to report the birth of any child to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and before the burial of such child, on a certificate to be furnished by the Registrar, and it shall become the duty of the person or parents of such child to report the birth of the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full [illegible]
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name— Andrew Kopp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* November 8th 1896.
4. *Place of Birth, (Street and Number)* No. 214 Castle Street.
5. *Full Name of Mother,* Mary - Kopp.
6. *Mother's Maiden Name,* Mary - Newschaffer.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* John - Kopp.
9. *Father's Occupation,* Baker.
10. *Father's Birthplace,* Baltimore. City

Name of Medical Attendant, or other person who makes this Return. Mrs. Anna - Lenz.

Address, 1539 Aliceanna. Street

Remarks,

1896000004953

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d,~~ 3d, ~~&c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, November 8 1896
4. Place of Birth, (Street and Number) 1810 [illegible] St
5. Full Name of Mother, Mrs Millie Preller
6. Mother's Maiden Name, Millie [illegible]
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Conrad Preller
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, [illegible] Leonard M.D.

Address, 125 [illegible]

Remarks,

1896000 4954

month, and shall set forth as far as the same can [illegible] of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation [illegible] in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner [illegible] of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner [illegible] the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty [illegible] the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the [illegible]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 1

1. Sex, (state whether male or female) feal male
2. Race or Color, (if not of the white race) Color
3. Date of Birth,
4. Place of Birth, (Street and Number) 731 Fairmount St
5. Full Name of Mother, belle fields
6. Mother's Maiden Name, Mary Griffin
7. Mother's Birthplace. Baltimore
8. Full Name of Father, Jackson fields
9. Father's Occupation, Oyster shucker
10. Father's Birthplace, East Cary

Name of Medical Attendant, or other person who makes this Return, Maria Wright M.D.

Address. 731 Fairmount St

Remarks,

8960004955

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month, to the Commissioner of Health. In case there is no attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and such person is also required to furnish the information and certificate of the birth of such child. Any person refusing to do so shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

REPORT OF A BIRTH. 78316

GIVEN NAME ADDED 4-17-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Winifred Robertson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,

1. *Sex, (state whether male or female)* Female,

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* Nov. 8th, 1896.

4. *Place of Birth, (Street and Number)* 1013 Madison Ave.,

5. *Full Name of Mother,* Mary Louise Robertson,

6. *Mother's Maiden Name,* " " Baldwin,

7. *Mother's Birthplace,* Pittsburg, Pa.

8. *Full Name of Father,* Herbert Miller Robertson,

9. *Father's Occupation* Medical Student.

10. *Father's Birthplace,* Glasgow Scotland.

Name of Medical Attendant, or other person who makes this Return, Eldridge C. Price M.D.

Address, 1012 Madison Ave

Remarks,

1896U004956

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 78317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colort
3. Date of Birth, Nov. 8 1896
4. Place of Birth, (Street and Number) 205 S. Bethel St.
5. Full Name of Mother, Nadine Banks
6. Mother's Maiden Name, Center
7. Mother's Birthplace, Prince George Co Md
8. Full Name of Father, Samuel Banks
9. Father's Occupation Laborer
10. Father's Birthplace, Cambridge Md

Name of Medical Attendant, or other person who sent in this Return Mary Stein

Address, 1427 E. Fall St.

Remarks,

8960004957

Wm. J. C. Dulany Co., City Printers and Stationers

Penalty.—Any person who shall refuse or neglect to furnish the full name and occupation of the parents, the date and place of birth, and the sex, color, and number of children (state whether 1st, 2d, 3d, &c.) of the mother, as above required, or who shall refuse or neglect to report the birth of any child to the Registrar of Vital Statistics, in the form of a certificate between the date of such birth and the third day thereafter, or who shall refuse or neglect to report to the Registrar of Vital Statistics, in the form of a certificate between the date of such birth and the third day thereafter, the fact that a child has been born, when no physician or midwife has been in attendance upon the mother, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offence. And it shall be the duty of the Commissioner of Health, or any person authorized by him, to enforce the provisions of this section, and to report to the State's Attorney for prosecution all violations thereof. Any midwife or other person who shall neglect or refuse to report the births attended by her or him, in the manner and within the time required by this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offence, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78 318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Lawrence 9th

4. Place of Birth, (Street and Number) 739 Hanford Avenue

5. Full Name of Mother, Emma Whelchel

6. Mother's Maiden Name, Emma Mayer

7. Mother's Birthplace, Pittsburg

8. Full Name of Father, John Whelchel

9. Father's Occupation Refrigerator

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Johnson

Address,

Remarks.

1896 0004958

month, and shall set forth in the same case as near as may be the full name and occupation of the parents, the date and place of birth; and the given conferred) its sex, and the full name and occupation of the certifier in the form of the certificate between the first and delivered, duly signed by the certifier, to the Commissioner, Registrar, or Clerk of the Board of Health, or to such person as may be by him appointed to receive the same, within ten days after the birth of any child in said city; and every month to the Commissioner of Health, or to such person as may be by him appointed to receive the same, a list of all births which have occurred in the district of such physician or practitioner during the month next preceding, and which have not been previously reported to the Commissioner of Health, in the manner and within the time required, and shall deliver such list immediately thereafter. In the event of any physician or practitioner neglecting to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78319

GIVEN NAME ADDED, 9/11/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Viola Amelia Grunewald

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (6th) Sixth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 9th 1896
4. *Place of Birth, (Street and Number)* 1803 Argyle st
5. *Full Name of Mother,* Amelia Jane Grunewald
6. *Mother's Maiden Name* Amelia Jane Davis
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Frederick Grunewald
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, J. C. Hemmeter

Address, 621 N. Carrollton Ave

Remarks,

1 8 9 6 0 0 0 0 4 9 5 9

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 78320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 9 November
4. *Place of Birth, (Street and Number)* 519 Cesar St
5. *Full Name of Mother,* Leonora Blumenberg
6. *Mother's Maiden Name,* Landes
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Melville Blumenberg
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Wm C Ulrey

Address, 1302 E Lexington

Remarks,

8960004960

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the person in attendance at the birth, or in case there was no attendance or practicer without the attendance of a physician or practicer of midwifery, or should no other person be in attendance within the time above required, then the father or mother of such child, or in case the death of any child shall occur within the time above required, then the person in charge of the premises at the time of such death, shall become the duty of the person or other person be in child to report its birth to the Commissioner as aforesaid. It shall become the duty of the person or other person to report the death of such child to the Commissioner as aforesaid. It shall become the duty of the person or other person to report the death of such any such person or persons who shall hereafter fail to comply within the period above required, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 12th 96
4. Place of Birth, (Street and Number) 2031 E Preston St.
5. Full Name of Mother, Louise Freedom Ackler
6. Mother's Maiden Name, " " Collenberg
7. Mother's Birthplace, Balto
8. Full Name of Father, Hugh H Ackler
9. Father's Occupation, Minister
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, O. T. Roeder

Address, 1904 E Fayette St.

Remarks,

8960004961

WM J. C. BULLY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color. (if not of the white race)* white.
3. *Date of Birth,* 10. November.
4. *Place of Birth, (Street and Number)* No. 5. Durham. Street.
5. *Full Name of Mother,* Mary. Fleckenstein.
6. *Mother's Maiden Name,* Mary. Bemling
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Adam Fleckenstein.
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Kloss.

Address, No. 9. N. Wolfe. Street.

Remarks,

1 8 9 6 0 0 0 4 9 6 2

Health. This schedule shall contain a list of the births which have occurred [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 78323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Forth child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Nov 10th
4. *Place of Birth, (Street and Number)*	# 905 McDonough St Baltimore Md
5. *Full Name of Mother,*	Sarah Elizabeth Cawtim
6. *Mother's Maiden Name,*	Sarah Elizabeth Cornish
7. *Mother's Birthplace,*	Dorchester County Md
8. *Full Name of Father,*	Hamilton Linard Cawtim
9. *Father's Occupation*	Cotachman
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Caroline Patterson
Address,	913 N. Dallas St
Remarks,	doing Well

1896 0004963

month, and shall set forth as far as the same can be ascertained the full name of each child of any such mother born (or stillborn) since the last return, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall become the duty of the person or persons in charge or in attendance upon the mother, immediately thereafter to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. T. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child mail

1. Sex, (state whether male or female) Colored
2. Race or Color, (if not of the white race) 10 of Parents
3. Date of Birth, 160 Hamburg St
4. Place of Birth, (Street and Number) Mary Roots
5. Full Name of Mother, Mary Compadore
6. Mother's Maiden Name, Calvert Co Md
7. Mother's Birthplace, J B Roots
8. Full Name of Father, Porter
9. Father's Occupation Calvert Co Md the baby
10. Father's Birthplace, is dead born a live

Name of Medical Attendant, or other person who makes this Return, died tarday morning 7 o'clock

Address, Aruba Brook

Remarks, Mantake John 8/26/1932 Wicomer St

month, and the [illegible] the full name and occupation of its parents, the date and place of birth and the name, if any, conferred upon the child, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the time required, and subject to the penalties in Section [illegible] of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov. 10th 1896
4. Place of Birth, (Street and Number) No. 11 Burnet St. Balto Md.
5. Full Name of Mother, Louisa Carter
6. Mother's Maiden Name, " Carter
7. Mother's Birthplace
8. Full Name of Father, George Collins
9. Father's Occupation Oysterman
10. Father's Birthplace, Calver Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. F. Myers

Address, No 722 Bradley St.

Remarks,

1896 0004965

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the title and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife or person in charge, to the undertaker who shall issue the certificate of burial, or permit for removal, and shall deliver the same to the sexton or other person in charge of the burial ground or crematory where the body is to be interred or cremated, before such interment or cremation shall take place. Every undertaker who shall issue a certificate of burial, or permit for removal, without the delivery to him of the schedule above required, and every sexton or other person in charge of a burial ground or crematory who shall inter or cremate a body without the delivery to him of the certificate of burial or permit for removal above required, and every practitioner of medicine or midwifery, or other person having charge of any case of birth, who shall neglect or refuse to report the birth to the Commissioner of Health, shall be guilty of a misdemeanor, and subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

The certificate of birth shall be filled out in accordance with the provisions of this section by the physician, midwife or person in charge of the case of birth, if there be such present at the birth, and if not, then by the father or mother of the child, or the householder or owner of the premises where the birth occurred, within five days after the birth occurs. The Commissioner of Health shall furnish blank forms for the certificates and schedules required by this section, and shall prescribe the method of collecting and reporting the data required. The certificate of birth shall contain as many of the items of information called for by the standard certificate of birth recommended by the United States Census Office as can be obtained from the parents or other informants. Every physician, midwife or other person who shall refuse or neglect to report, as herein required, any birth at which he was present or in attending, or to comply with the provisions of this section in any particular, shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 10th 1896
4. *Place of Birth, (Street and Number)* 758 Dolphin St.
5. *Full Name of Mother,* Catherine Twilley
6. *Mother's Maiden Name,* Merrick
7. *Mother's Birthplace,* Elkton Md
8. *Full Name of Father,* Dr. Charles Twilley
9. *Father's Occupation* Dentist
10. *Father's Birthplace,* Charlestown Md

Name of Medical Attendant, or other person who makes this Return. J. L. Ingle

Address, 1007 W. Lanvale St.

Remarks,

B 96 U U U 4 9 6 6

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 78327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The tenth. 10.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Brown. African origin
3. Date of Birth, November 10. 1896.
4. Place of Birth, (Street and Number) 512. W. Montgomery St.
5. Full Name of Mother, Mrs: Laura Satcher
6. Mother's Maiden Name, Laura ~~Dickson~~ Dickson
7. Mother's Birthplace, Somerset County. Va.
8. Full Name of Father, Enos Satcher.
9. Father's Occupation, Oyster Dredger.
10. Father's Birthplace, Cape May. N.J.

Name of Medical Attendant, or other person who makes this Return, A. F. VanWinkle. M.D.

Address, No. 620. S. Eutaw St. Balt. Md.

Remarks, The above Child is of eight Months Gestation.

1896 00 04967

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, that have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered to the office of the Commissioner of Health, in case the birth occurs in the third day of such month, and within the first three days of each month thereafter; and in case the birth occurs without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or femate) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, 10th November 1896
4. Place of Birth, (Street and Number) No. 2635. Franklin st
5. Full Name of Mother, Mrs. Mary Heinzerling
6. Mother's Maiden Name, Miss Mary Younger
7. Mother's Birthptace, Baltimore County
8. Full Name of Father, Mr. August Heinzerling
9. Father's Occupation Mutton Butcher
10. Father's Birthptace, Hessen Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Hiller

Address, 2008 Mc Henry st

Remarks,

1896 0004968

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed, at the office of the Commissioner of Health, in case there be no such physician or midwife present, then the father or other person in charge of such child shall report its birth to the Commissioner in the form of a certificate between the first and third day of each and every month after the birth of such child, and the Commissioner shall cause the same to be recorded in a book to be kept for that purpose in the office of the Commissioner of Health. In case the father or other person in charge of such child shall neglect or refuse to report its birth to the Commissioner as above required, and also in case the mother, immediately thereafter, in the manner and within the period above required, shall report the same upon the mother's certificate, in the manner and within the period above required, said mother shall be liable to the penalties hereinafter provided for the neglect or refusal of the father to report the birth of such child to the Commissioner hereinafter fail to comply with the provisions of this section shall be liable to any such person or persons as shall prosecute for the same, to be recovered as other fines and forfeitures are recoverable. Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color. (if not of the white race)* White
3. *Date of Birth,* Baltimore November 10/96
4. *Place of Birth, (Street and Number)* 418 S. Charles St. Balto
5. *Full Name of Mother,* Varonia Poidokas
6. *Mother's Maiden Name,* Varonia Stokmes
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Alizes Poidokas
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, 41 E. York St Balto City

Remarks,

1 8 9 6 0 0 0 4 9 6 9

month, and shall set forth as far as the same can be ascer[illegible] the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 November
4. Place of Birth, (Street and Number) 939 Fielld Ste.
5. Full Name of Mother, Mary Hanecky
6. Mother's Maiden Name, Bujasky
7. Mother's Birthplace, Pole
8. Full Name of Father, Vadim Hanecky
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return,

Address, 838 S. Bond Ste.

Remarks, Mary Prott
Balto. Md.

1896000490

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or person appointed by the Board of Health to receive the same; and in all cases where the attendance upon the mother, immediately hereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 10 November
4. *Place of Birth, (Street and Number)* 1306 Andree st
5. *Full Name of Mother,* Auguste Lowrenz
6. *Mother's Maiden Name,* " Zaminski
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Lowrenz
9. *Father's Occupation,* Laboas
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Ralf. Mahoon

Address, 1331 Hull st.

Remarks,

8 9 6 0 0 0 0 4 9 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7f332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 November
4. Place of Birth, (Street and Number) 613 S. Bond Str.
5. Full Name of Mother, Rosie Buchmarsky Buchmarsky
6. Mother's Maiden Name,
7. Mother's Birthplace, Pole
8. Full Name of Father, Jim Buchmarsky
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return

Address, 838 S. Bond Str.

Remarks, Mary Castle, Balto. Md.

1896 0004972

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any, shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the effect that third day, without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother, immediately on receiving information of the birth of any child as aforesaid, to report the birth to the Commissioner of Health, in the manner and within the period set forth in this section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th November
4. Place of Birth, (Street and Number) 1014 E. Lanvale St
5. Full Name of Mother, Fannie Stein
6. Mother's Maiden Name, Fannie Goldberg
7. Mother's Birthplace, Pa
8. Full Name of Father, Abraham Stein
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return Jetta Seawright

Address, 1032 E. Lanvale St

Remarks,

1896000 4973

months, and for the first birth, the full name and occupation of its parents, the date and place of birth; and the name, sex, color, and date of birth of each child subsequently born to the same mother, which may have been conferred; its sex, color, the duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered every month to the office of the Commissioner of Health, or should no other person be third day of each and every month to the office of the Commissioner of Health, or should no other person be required to report the birth of any child born without the attendance of a physician or midwife, in the manner and within the time above required, and attendance upon the mother, Immediately after it shall become the duty of the person required, and child to report its birth as aforesaid, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 3-14-60

RETURN OF A BIRTH. 18334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	8th November 1896
4. Place of Birth, (Street and Number)	No. 2013 Mc 11 Henry st
5. Full Name of Mother,	Mrs Annie ~~Jockel~~ Jockel
6. Mother's Maiden Name,	Miss Annie ~~Jockel~~ Oppet
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Carl ~~Charles Jockel~~ Jockel
9. Father's Occupation	Carver Furniture Worker
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hillier
Address,	2008 Mc 11 Henry st
Remarks,	

8960004974

month, and shall set forth as far as the same can be ascertained the name and occupation of its parents, the date and place of birth; and the said schedule shall be every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report the birth as required by this section, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

3-7-60

RETURN OF A BIRTH. 78335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel Vilettie ——— Schmidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 11 — 1896
4. Place of Birth, (Street and Number) 1402 Brookset
5. Full Name of Mother, Mary E Schmidt
6. Mother's Maiden Name, Mary E Shipley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J Schmidt
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, D A Melvin

Address, 2316 Brunswick

Remarks,

1896 0004975

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. November 11th 1896.
4. Place of Birth, (Street and Number) No 235 Henrietta St
5. Full Name of Mother, Mary E. Graves
6. Mother's Maiden Name, " " Mitchel
7. Mother's Birthplace, Balto. Md
8. Full Name of Father. David Graves
9. Father's Occupation Drayman
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs F. Myers

Address. No 722 Bradley St. Balto Md

Remarks,

8960 04976

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the name, residence and official character of the person present at the birth. In case there was no person present at the birth, then the father or mother of such child, or the householder in which the birth occurred, shall within five days after the birth of each and every month to the office of the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH: 78337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 11th 1896
4. *Place of Birth, (Street and Number)* 120 Park Ave.
5. *Full Name of Mother,* Flora Mary Dwyer.
6. *Mother's Maiden Name,* Flora Mary Walsh.
7. *Mother's Birthplace,* Rochester N.Y.
8. *Full Name of Father,* Timothy Joseph Dwyer.
9. *Father's Occupation* Policeman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Duncan C. Waldron M.D.

Address, 928 Madison Ave

Remarks,

8960004977

month, and shall set forth as far as the same can be ascertained the full name of each child, if any such have been conferred) its sex, color, the full name and the occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person so required to make it, to the Commissioner of Health within the third day of each and every month to the office of the Commissioner of Health. In case a certificate between the first and attendance upon the mother at the birth of her child, or should no other person be required to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 78338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, November 11th 1896
4. Place of Birth, (Street and Number) 880 Knighton St.
5. Full Name of Mother, Mary Ann Dickerson
6. Mother's Maiden Name, Mary Ann Ellis
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, William Henry Dickerson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return. Mary Dibble

Address, 719 Burns St. Baltimore Md.

Remarks,

18960004978

This schedule shall contain a list of the names which it is proposed to give to each child, if any shall have been selected, and the full name of each child, if any shall have been selected forth as far as the same can be ascertained at the time of the return, and the first and middle names of its parents, the date and place of birth of each child, the sex, color, the full name, if any, and residence of the physician or midwife in attendance at the birth of any child born without the attendance of a physician or midwife, and the name and residence of the person who shall have given information to the office of the Commissioner of Births, Deaths and Marriages of the birth of any child born without the attendance of a physician or midwife, or should no other person be in attendance at the birth of any child, then the mother of such child shall become the duty of the person in charge of the house where such child was born, within ten days after the birth of such child, to report its birth to the Board of Health. In the manner and within the time prescribed by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 11 / 98
4. Place of Birth, (Street and Number) No 1217 N Durst
5. Full Name of Mother, Albine Kimmer
6. Mother's Maiden Name, nee Schulz
7. Mother's Birthplace, Germany
8. Full Name of Father, Carl Kimmer
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm L Gross

Address, No 1907 E Monument St

Remarks.

6960004979

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said scheddle shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in attendance upon the mother, immediately thereafter if shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 78340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 11th 1896
4. Place of Birth, (Street and Number) 122 Castle st
5. Full Name of Mother, Marie Kasik
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Andrew Kasik
9. Father's Occupation Printer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopstish

Address, 205 S Washington st

Remarks,

1896 00049 80

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any,) now ... been entered, the number of children born of the present mother, the date of birth, the ... sex, color, the full name and occupation of its parents, the date of their marriage, the interval between the first and ... shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child ... occur without the attendance of a physician or practicer of midwifery, or should no other person be ... third day of each and every month to the office of the Commissioner of Health, on the blanks to be furnished by him for ... shall occur without the attendance of a physician or practicer of midwifery, or should no other person be required, and ... attendance within the period above required, and shall immediately thereafter, it shall become the duty of the person above required, and ... failure to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be sub- ... any such person or persons who shall hereafter fail or neglect to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore November 14/96
4. Place of Birth, (Street and Number) 254 N. Exeter Street Baltimore Md.
5. Full Name of Mother, Ida Schochet
6. Mother's Maiden Name, Ida Viesenberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Samuel Schochet
9. Father's Occupation Teacher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Sena Barber

Address, 41 E. York Street Baltimore Md.

Remarks,

1 8 9 6 0 0 0 4 9 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Physician, midwife or other person having charge of any case of birth, shall within ten days after the birth, report to the Commissioner of Health, the full name and occupation of its parents, the date and place of birth, and the sex, color and number of such child, in the form of certificate prescribed by the Commissioner of Health, and no certificate of birth shall hereafter be registered unless it shall contain the information required by this section, and no certificate shall be complete and correct, or shall be accepted and registered by the Registrar, which does not state the cause, duration and attendance upon the mother, and the full name and residence of the physician, midwife or other person who shall have attended upon the mother during her confinement. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the parent or parents, or the head of the family in which such birth occurs, shall within ten days after the birth of such child, report the same to the Commissioner of Health, in the manner and with the particulars required of physicians and midwives by the provisions of this section. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the parent or parents, or the head of the family in which such birth occurs, shall within ten days after the birth of such child, report the same to the Commissioner of Health, in the manner and with the particulars required of physicians and midwives by the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 78342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 November
4. Place of Birth, (Street and Number) 1611 Binney Str.
5. Full Name of Mother, Julie Luitth
6. Mother's Maiden Name, Sturak
7. Mother's Birthplace, Hungary
8. Full Name of Father, Jim Luitth
9. Father's Occupation Work-man
10. Father's Birthplace, Bohmen

Name of Medical Attendant, or other person who makes this Return, Mary Brett

Address, 838 S. Broadway

Remarks, Baltimore Md.

1896 0004982

Wm. J. C. Dulany Co. City Printers and Stationers.

Every person who shall attend upon any birth shall make a return thereof to the Commissioner of Health within five days after the birth, and shall set forth as far as the same can be ascertained the full name of each child, (if any,) born at one birth, the day of the month, and the hour of the day or night when born, the sex, color, the full name and occupation of its parents, the date and place of their marriage, (if it has been conferred,) its sex, color, the full name and occupation of its parents, the date and place of their marriage, (if it has been conferred,) its sex, color, the full name and occupation of its parents, the date and place of their marriage, (if it has been conferred,) its sex, color, the full name and occupation of its parents, the date and place of their marriage, (if it has been conferred,) and the number of children, if any, born to the mother before the birth mentioned in said schedule; and every such person shall, within five days after the birth of any child born after the delivery mentioned in said schedule, make a return of such child, and shall set forth as far as the same can be ascertained the full name of each child, (if any,) born at one birth, the day of the month, and the hour of the day or night when born, the sex, color, the full name and occupation of its parents, the date and place of their marriage, (if it has been conferred,) its sex, color, the full name and occupation of its parents, the date and place of their marriage, (if it has been conferred,) its sex, color, the full name and occupation of its parents, the date and place of their marriage, (if it has been conferred,) and the number of children, if any, born to the mother before the birth mentioned in said schedule; and every such person shall, within five days after the birth of any child born after the delivery mentioned in said schedule, make a return of such child, and shall deliver, duly signed, to the City Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall wilfully neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Samuel Rudolph

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th November 1896
4. Place of Birth, (Street and Number) 114 Little Ale Edward
5. Full Name of Mother, Rachael Rudolph
6. Mother's Maiden Name, Rachael Cofske
7. Mother's Birthplace, (Poland) Poland
8. Full Name of Father, Jacob Rudolph
9. Father's Occupation Tailor
10. Father's Birthplace, (Poland) Poland

Name of Medical Attendant, or other person who makes this Return, Jetta Klawansky

Address, 1514 E. Lombard St

Remarks,

8960004983

been registered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. If the birth of any child shall occur without the utilization of the services of a practitioner, the father or mother of such child or the owner or agent of the premises where such birth occurs, shall report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 First

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) White
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, Mollie Bench
6. Mother's Maiden Name, Jlovich
7. Mother's Birthplace, Russia
8. Full Name of Father, Chiuh Yerah
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. F. Feldman

Address, 913 E. Lombard St

Remarks,

8960004984

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name of the physician or midwife in attendance at the birth, or the person who received the first and said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child third day of each and every month a like schedule of all births which may have occurred during the month next preceding; and shall be upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the event of the death of any child before a certificate of birth shall have been returned, and before the expiration of ten days from the date of birth, it shall be the duty of the physician, midwife or person in charge of the case to report the fact of such death to the Commissioner of Health, and to make return of the particulars required in the case of births. In the event of the birth occurring in a house where there is no physician or midwife in attendance, it shall be the duty of the parent or parents, or person having charge of such child, to report the birth as required by this section. Any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be sub-

RETURN OF A BIRTH. 78345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 11 - 1896
4. Place of Birth, (Street and Number) 125 S Chapel St.
5. Full Name of Mother, Mary Handy
6. Mother's Maiden Name, King
7. Mother's Birthplace, Somerset County Md
8. Full Name of Father, Samuel Handy
9. Father's Occupation Laborer
10. Father's Birthplace, Somerset County

Name of Medical Attendant, or other person who made this Return, Mary Stein

Address, 1427 E Fath St.

Remarks,

1896000004985

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, the full name and residence of the parents, the date and place of birth, and the name conferred; its sex, color, the full name and residence of the parents, the date and place of birth, and the name conferred; the name and residence of the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall not set forth as far as the same can be ascertained, the full name, sex, color, the full name and residence of the parents, the date and place of birth, and the name conferred; its sex, color, the full name and residence of the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report the birth, every person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 12. 1896.

4. Place of Birth, (Street and Number) 117 W Barre St.

5. Full Name of Mother, Rebecky Snyder

6. Mother's Maiden Name, Rebecky Wolfson

7. Mother's Birthplace, Russia

8. Full Name of Father, Mike Snyder

9. Father's Occupation, Pants Operator

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. W. Rubinstein

Address, 105 W. Barre St.

Remarks, very small weighs 4½ lbs.

B 96000 4986

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 12th 1916
4. Place of Birth, (Street and Number) 103 Randall St
5. Full Name of Mother, Lillie Olive Reid
6. Mother's Maiden Name, L. O. Hardine
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Joseph C. Reid
9. Father's Occupation, Bridge Builder
10. Father's Birthplace, Loudin County, Va

Name of Medical Attendant, or other person who makes this Return, Ellenwood, Anderson

Address, 1434 Patapsco St

Remarks,

8960004987

been conferred) its sex; color; the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the premises where the mother resides, and no medical attendant be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 78348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Nov 12 96
4. Place of Birth, (Street and Number) 216 W Chase & Eutaw
5. Full Name of Mother, Mary Mc E Owens
6. Mother's Maiden Name, " Mc Cormick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daniel Owens
9. Father's Occupation, Groom
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. C Kleinhelle

Address, 925 Eutaw

Remarks,

1896U004988

Health. This schedule shall contain a full and correct statement of the full name of each child, if any shall have been born alive, and shall set forth the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the child of any such mother shall occur without the attendance of a practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

888. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-13-58

RETURN OF A BIRTH. 78349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Walter F. Pohl 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 Nov - 1896
4. Place of Birth, (Street and Number) 1813 E Fayette St
5. Full Name of Mother, Sophia Pohl
6. Mother's Maiden Name, Isher
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George Pohl
9. Father's Occupation, Tailor
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, M. R. Willis

Address, 1302 E Eastern Ave

Remarks,

B 4 6 0 0 0 0 4 9 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...ought and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive,) sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the physician or midwife in attendance upon the first and such subsequent cases as he or she may have attended; and in case the birth of any child shall occur without the presence of a physician or midwife, or should no other person be required by this section to make such return, then the father or mother of such child shall, within the third day of such occurrence, report to the Commissioner of Health the name, sex, color, and the date and place of birth of such child, and the name and residence of the parents; and in case the only or the person so required, and shall neglect or refuse to make such return, he or she shall be subject to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78350

GIVEN NAME ADDED 7-28-59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles ~~F.~~ Jones

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 12 1896
4. *Place of Birth, (Street and Number)* 1425 N. Fulton Av.
5. *Full Name of Mother,* Elizabeth Jones
6. *Mother's Maiden Name,* " Brun
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Frank Allen Jones
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Clarence G. Keefer M.D.

Address, 1329 N. Gilmor St

Remarks,

8960,004990

... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This section shall not apply to cases in which the full name of each child (if any shall have been determined) its sex, color, date of birth, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been determined) its sex, color, date of birth, and shall set forth as far as the same can be ascertained the full name, age and occupation of its parents, the date and place of their marriage, and the full name and residence of the attending physician or midwife, and shall be signed by the practitioner in the form of oath. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the mother herself if she shall become the duty of the person so required, and shall likewise state the date of such and every month to the office of the Commissioner of Health, in the manner and with the particulars required, and attendance upon the mother, Commissioner of Health, in the manner and with the particulars required, and child to report the same to the Commissioner of Health within ten days after the birth. The provisions of this section shall be subject to the penalty of fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 12th November 1896
4. *Place of Birth, (Street and Number)*	No 1015 Central Ave
5. *Full Name of Mother,*	Mary Graham
6. *Mother's Maiden Name,*	Mary Dilmon
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Graham
9. *Father's Occupation*	Finisher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Wm Ed Lane
Address,	No 1059 Harford Ave
Remarks,	Bal. Md
	1896

8960004991

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RETURN OF A BIRTH. 18352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 12 th 1896
4. *Place of Birth, (Street and Number)*	No 1446 Eight St
5. *Full Name of Mother,*	Ellen Martin
6. *Mother's Maiden Name,*	Ellen Carter
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas F. Martin
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Catherine Hornung
Address,	No 1517 Byrd St
Remarks,	

1896 0 04992

month, and shall set forth the full name and occupation of its parents, the date and place of birth, and the sex, color, and full name of the child, if it has been named. Such return shall be signed by the practitioner in the form of a certificate, stating the fact that he was present at the birth of any child said schedule shall be left every month at the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become the duty of the person or parents of such child to report its birth as above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore November 12/96
4. Place of Birth, (Street and Number) # 237 W. Camden & Tract Balto.
5. Full Name of Mother, Clara Molishavitz
6. Mother's Maiden Name, Clara Kogolsky
7. Mother's Birthplace, Russia
8. Full Name of Father, August Molishavitz
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Sina Barker

Address, 41 E York St Baltimore Md

Remarks,

1896 0004993

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month, and shall set forth as far as the same can be ascertained, the name, the date and place of birth; and the color, the full name and occupation of the parents in the form of a certificate between the first and third days of each and every month of the Commissioner of Health. In case the birth occurs without the attendance of a physician or practicer of midwifery, or the person or parents of such child are unable to make the return, the same shall be made by any other person having knowledge of the facts within the period above required, and shall be delivered, duly signed by the person making the same, at the office of the Commissioner of Health. In case the birth occurs without the attendance of a physician or practicer of midwifery, it shall become and within the period above required, and shall be delivered, duly signed by the person making the same, at the office of the Commissioner of Health. In case the birth occurs without the attendance upon birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 12th 1896
4. Place of Birth, (Street and Number)	No 400 Pratt & Eutaw St
5. Full Name of Mother,	Lizzie F. Kilrain
6. Mother's Maiden Name,	Lizzie F. Hoar
7. Mother's Birthplace,	Somerville Mass
8. Full Name of Father,	John J. Kilrain
9. Father's Occupation	Hotel Keeper
10. Father's Birthplace,	Hudson, N. Y.
Name of Medical Attendant, or other person who makes this Return,	Catharine Hornung
Address,	No 1517 Byrd St
Remarks,	

1896 U D 04994

month and shall set forth as far as the same can be ascertained, the sex, color, the date and place of birth, and the name, residence and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if any, and such other information as may be required by the blank inserted in the form of a certificate hereinafter referred to; and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health, or should no other person be in attendance within the time above specified, the physician or midwife in attendance shall be subject to the duty of the person or parents of such child to report its birth to the Commissioner as hereinafter provided, and in the manner and within the period above specified, and shall be subject to the same penalties for neglect or refusal to perform such duty. If the mother, in the absence of the father, or any other person required by this section to report a birth, shall fail to comply with the provisions of this section, he shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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36.]

RETURN OF A BIRTH. 78355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 13. 1876.
4. Place of Birth, (Street and Number) S. Wolfe St 123.
5. Full Name of Mother, Ella Gibbgail.
6. Mother's Maiden Name, Ella Gibbgail.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, + + + +
9. Father's Occupation + + + +
10. Father's Birthplace, + + + +

Name of Medical Attendant, or other person who makes this Return, Bertha Weinhardt.

Address, W. Frat. St. 1631.

Remarks,

8960004995

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monies of death as to the same can be ascertained, a true statement of each child, if any, which may have been conferred; its sex, color; the full name, occupation and residence of its parents, the date and place of birth; and the said schedule shall be every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the person or parents of such child to report the particulars of such birth, immediately after the same shall come to his or their knowledge. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 78356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* Nov 13th 1896.
3. *Date of Birth,* 407 N. Mulberry St.
4. *Place of Birth, (Street and Number)* Florence Granger
5. *Full Name of Mother,* Spinster
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Frank J Granger
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, H L Bowers M.D.

Address, 830 W. Lanvale St.

Remarks,

1896 U U 04996

Health. This section shall contain a list of the names of persons required to report births, with the full name of each child, (if any,) and shall have been registered, his sex, color, the date and place of birth, and the full name, residence and occupation of its parents, the date and place of birth and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have full name of each child born alive after the same shall have been delivered, duly signed by the practitioner in the form of a certificate to be furnished by the Commissioner of Health, or by the person or persons in charge of the case in the absence of a practitioner; in case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the time prescribed in this section, and every month to the office of the Commissioner of Health, in the manner and within the time prescribed in this section, and attendance upon the mother, Commissioner of Health, in the manner and within the time prescribed in this section shall be attended to report the same to the Commissioner of Health, in the manner and within the time prescribed in this section, and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 13th
4. *Place of Birth, (Street and Number)*	637 Portland St
5. *Full Name of Mother,*	Mary Mains
6. *Mother's Maiden Name,*	Mary Klein
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jacob Mains
9. *Father's Occupation*	Police
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Wilhelmina Slifer
Address,	934 St Peter St
Remarks,	

18960004997

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 78358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8. Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White race
3. Date of Birth, 13th November 18[illegible]
4. Place of Birth, (Street and Number) 2139 Prince st city
5. Full Name of Mother, Mrs. Pauline Bozier
6. Mother's Maiden Name, Miss Pauline Hartman
7. Mother's Birthplace, West Prisan Germany
8. Full Name of Father, Mr John Bozier
9. Father's Occupation Laborer
10. Father's Birthplace, West Prisan Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Hiller

Address, 2008 Mt Henry st

Remarks,

+ 8960004998

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, &c., as herein required by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. Should no other person be in attendance upon the mother immediately thereafter, in the manner and within the period above required, it shall be the duty of the undertaker who shall bury the body of any child for which a certificate of birth shall not have been delivered, duly to report its birth to the Commissioner of Health, in the manner and within the period above required, and said schedule shall be delivered, duly filled out, to the undertaker for that purpose. Should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 b child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Baltimore November 13/96
4. Place of Birth, (Street and Number)	1044 E. Eutaw St Rear
5. Full Name of Mother,	Kostanthia Adamowitz
6. Mother's Maiden Name,	Kostanthia Zawitzky
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Alexander Adamowitz
9. Father's Occupation	Cigarmaker
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs. Sena Barber
Address,	416 Fort Street Balto.
Remarks,	

1896 0004999

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred in the city, and in each case shall have been entered the full name of each child, (if living and if named,) the sex, the color or race, the date of birth, the name and residence of parents, the name and residence of the physician or midwife in attendance, and shall set forth as far as the same can be ascertained the full name of each child, (if living and if named,) the sex, the color or race, the date of birth, the name and residence of parents, the name and residence of the physician or midwife in attendance, and shall set forth as far as the same can be ascertained the name and occupation of the parents, the date and place of birth, and the number of children born to the mother, and the number now living, and the number of births which have occurred between the first and tenth day of each month, and shall be delivered, duly signed by the practitioner in the form of certificate, to the Registrar of Vital Statistics of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person in charge of the house where such birth occurs, and every person present at the birth, and the parents of such child, if able, to report the same within the period above required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person in charge of the house where such birth occurs, and every person present at the birth, and the parents of such child, if able, to report the same within the period above required, and attendance upon the mother, Commissioner of Health, in the manner and subject to the penalty provided in the case of physicians and midwives. The duties imposed by the provisions of this section shall be subject to the supervision of the Commissioner of Health, in the manner and subject to the penalty provided in the case of physicians and midwives. The duties imposed by the provisions of this section shall be subject to the supervision of the Commissioner of Health, and any midwife who shall hereafter fail to perform such duties shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 14th 189[illegible]

4. Place of Birth, (Street and Number) 840 E. Pratt St

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name, [illegible] McCullough

7. Mother's Birthplace, Baltimore

8. Full Name of Father, [illegible]

9. Father's Occupation, Sailor

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, Mrs. [illegible]

Address, 1136 E. Lombard St.

Remarks,

1896000050000

...month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the ... (if ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 4-18-53

RETURN OF A BIRTH. 78361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Michael Thomas Flaherty

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov. 14th 1896.
4. Place of Birth, (Street and Number)	838 Bank st
5. Full Name of Mother,	Mary Ann (Flaherty) Flaherty
6. Mother's Maiden Name,	Mary Ann (Flaherty)
7. Mother's Birthplace.	Ireland
8. Full Name of Father,	Thomas (Flaherty) Flaherty
9. Father's Occupation,	Lieutenant
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mary A. Perkins
Address,	241 S. Chester st
Remarks,	

8960005001

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One, or First Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 14th 1896 at 11 Pm
4. Place of Birth, (Street and Number) 1 Baltimore Md 1700 Reid St. Rear
5. Full Name of Mother, Angelina V. Bradley
6. Mother's Maiden Name, Angelina V. Pittard
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Thomas Joseph Bradley
9. Father's Occupation, Fire Table Tender
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Catherine Cross

Address, 660 N. Saratoga St Baltimore Md

Remarks,

1896 0005002

Health. This schedule shall contain a list of the names, if any, to be given to each child, if any shall have been born alive within the district since the last return, or since the commencement of the first month, and shall set forth as the full name and occupation of its parents, the date of birth, the sex and color of each child, and every month to the office of the registrar of vital statistics, or should no other person be in attendance upon such birth, the physician or midwife thereafter first to visit the house or premises of such child shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 17 - 1896
4. Place of Birth, (Street and Number) 500. President St.
5. Full Name of Mother, Maggie Joylia
6. Mother's Maiden Name, Leialitta
7. Mother's Birthplace, Italy
8. Full Name of Father, Domenica Joylia
9. Father's Occupation Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address 1497 E. Fait St.

Remarks,

1896000500 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex. (~~state whether male or~~ female)
2. Race or Color. (~~if not of the~~ white race)
3. Date of Birth, 4/5/56
4. Place of Birth. (Street and Number) 1435 N Bond
5. Full Name of Mother, Eva M Hueber
6. Mother's Maiden Name, Carré
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wilbur L Hueber
9. Father's Occupation, Cutter
10. Father's Birthplace, Ft Wayne Ind

Name of Medical Attendant, or other person who makes this Return, Dr Jno F Smith MD

Address, 157 N Bond.

Remarks, Free

1896 0005004

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, which schedule shall contain a list of the Births required to be registered during the month, entered in said schedule, and signed by the practitioner in charge of such case, or other person in attendance at the birth, and the said schedule shall be delivered, on the third day of each month, to the office of the Commissioner of Health. In case the person or parents of such child shall reside where no practitioner or midwife is in attendance at the birth, or the person or parents of such child to report its birth to the Commissioner of Health within the period above named, the midwife who shall occur within the first week after the birth, shall be required to report the same to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been still-born; the sex of the child; whether single, twin or triplet; and the full name, residence and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and a like return shall be made of any birth which may occur during any subsequent month, until the practitioner shall cease to attend upon the mother; and it shall be the duty of the person or parents of such child to report all births to the Commissioner of Health, in the manner and within the period above required, and a like return shall be made of any birth which may occur during any subsequent month, until the person shall cease to attend upon such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 14 — 1896
4. Place of Birth, (Street and Number) 112 S Dunkan Alley
5. Full Name of Mother, Hanna Cooper
6. Mother's Maiden Name, Coolman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Cooper
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address 427 E Pratt St.

Remarks,

1896000005005

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-8-57

RETURN OF A BIRTH. 78366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Michel ~~Davidson~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 November 1896
4. Place of Birth, (Street and Number) 1033 E. Lombard St
5. Full Name of Mother, Bessie Davidson
6. Mother's Maiden Name, Bessie Joseph
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Davidson
9. Father's Occupation Grocer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Jetta Klawansky

Address, 1036 E. Lombard St

Remarks,

8960005006

month, and shall set forth as far as the same can be ascertained, the full name of the child (if it shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife, or in case there is no physician or midwife in attendance, then by the father or mother of such child, if able, within ten days after the birth, and every such physician or midwife who shall become so in attendance upon the mother of such child after the expiration of the said ten days, shall report the birth of such child to the Commissioner of Health, in manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78367

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name of each child, if any shall have been conferred, his sex, color, the number of his parents, the date and place of birth, and the full name, residence and occupation of the parents, which list shall be signed by the practitioner in the form of a certificate between the first and last entries thereon, and delivered to the Commissioner of Health, or his authorized agent, within the first ten days of each and every month in the office of the Commissioner of Health. It shall be the duty of the person or parents of such child where no physician or midwife attended at the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and it shall be the duty of the Commissioner of Health to furnish blank forms for the returns required by this section. Any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be liable to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 15 th.
4. *Place of Birth. (Street and Number)*	124 Fulton Ave.
5. *Full Name of Mother,*	Johanna Thomas
6. *Mother's Maiden Name,*	Johanna Horney
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	William Thomas
9. *Father's Occupation,*	Ice Driver
10. *Father's Birthplace,*	Kent Co
Name of Medical Attendant, or other person who makes this Return,	Mary A. Perter
Address,	24 S. Chester st
Remarks,	

8 9 6 0 0 0 5 0 0 7

Wm J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 78368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Male Twin: Albert Walter Littleton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Birth Twins

1. Sex, (state whether male or female) Male and Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd Nov. 1896
4. Place of Birth, (Street and Number) 27 E Fort Ave.
5. Full Name of Mother, Annie L Littleton
6. Mother's Maiden Name, " Higgins
7. Mother's Birthplace, Dorchester County Md.
8. Full Name of Father, Walter L Littleton
9. Father's Occupation Breakesman B. and O.
10. Father's Birthplace, Dorchester County Md.

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 828 Light St.

Remarks, Living Well

1 8 9 6 0 0 0 5 0 0 8

Rule 10. The space for remarks is left for the use of the Registrar, and above should be written the date of the month, and shall set forth the name, if any, which has been ascertained the full name of each child (if any shall have been selected), sex, color, the full name and occupation of its parents, the date and place of birth, whether the first and only child, or twin, triplet, or other issue of a confinement, and the number of children born to the mother between the first and each subsequent birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at the birth of any child, the mother herself shall become the duty of the person in charge of the office or practice of midwifery, and shall thereafter, within the first week of each and every month to the Commissioner of Health, in the manner required, and attendance upon the mother at the birth of any child, the mother herself shall become the duty of the person in charge of the office or practice of midwifery, or should no other person be in shall occur without the attendance of a physician or midwife, and shall thereafter, within the first week of each and every month to the Commissioner of Health, in the manner required, and third day of each and every month to the office of the Commissioner of Health, in the manner required, and each subsequent birth to the Commissioner of Health, in the manner required, and the first and between the first and only child, or twin, triplet, or other issue of a confinement, and the number of children born to the mother Rule 10. The space for remarks is left for the use of the Registrar, and above should be written the date of the month, and shall set forth the name, if any, which has been ascertained the full name of each child (if any shall have been selected), sex, color, the full name and occupation of its parents, the date and place of birth, whether the first and only child, or twin, triplet, or other issue of a confinement, and the number of children born to the mother between the first and each subsequent birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at the birth of any child, the mother herself shall become the duty of the person in charge of the office or practice of midwifery, and shall thereafter, within the first week of each and every month to the office of the Commissioner of Health, in the manner required, and third day of each and every month to the office of the Commissioner of Health, in the manner required, and each subsequent birth to the Commissioner of Health, in the manner required, and the provisions of this section shall be subject to the penalty imposed by the next section. Any midwife who shall fail to comply with the provisions of this section shall be subject to the penalty imposed by the next section. Any midwife who shall fail to comply with the provisions of this section shall be subject to the penalty imposed by the next section. Any midwife who shall fail to comply with the provisions of this section shall be subject to the penalty imposed by the next section. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 78369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd Nov. 1896
4. Place of Birth, (Street and Number) 1956 Hanover St.
5. Full Name of Mother, Bertie Westfall
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Father Unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address. 1824 Light Street

Remarks, Living Well

1896 0005009

Wm. J. C. Dulany Co., City Printers and Stationers.

Being required by law to enter the full name and occupation of its parents, the date and place of birth, and the sex, color and number of each child of which any woman may be delivered, duly signed by the practitioner in the form of a certificate to be issued by the Registrar, and been conferred, all cases of birth, stillbirth or miscarriage, or abortion, the birth of any child in a house in which there is a case of infectious disease, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above specified, shall occur without the attendance of a physician, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

1330

RETURN OF A BIRTH. 78370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been given,) sex, color, the full name and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered by the Physician or Midwife in charge, or in the absence of such Physician or Midwife, by the Parent or Parents, or other person in charge of the house in which the birth occurred, to the Commissioner of Health, within the first ten days of the third day of each and every month to the office of the Commissioner of Health. In case of twin births, or triplets, a separate certificate between the first and second births shall be required. In case of a birth occurring without the attendance of a physician or practioner of midwifery, or should no other person be in charge of the house in which the birth occurred, then the duty of the person or parents of such child to report the birth to the Commissioner of Health, as above required, and within the period above specified, shall immediately thereafter fall upon the mother, immediately after she shall become able to perform the same. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5th Jan 1896
4. *Place of Birth, (Street and Number)*	104 E Cross St
5. *Full Name of Mother,*	Annie M. Madgwick
6. *Mother's Maiden Name,*	" " Lutz
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Frederick Madgwick
9. *Father's Occupation,*	Laundryman
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Elsie Brooks
Address,	1825 Light Street
Remarks,	Doing Well

1896 0005010

Wm. J. C. Dulany Co., City Printers and Stationers.

[336]

RETURN OF A BIRTH. 78371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	6th Nov 1896
4. Place of Birth, (Street and Number)	1264 Riverside Ave.
5. Full Name of Mother,	Tracie Hunt
6. Mother's Maiden Name,	" Glover
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Andrew Hunt
9. Father's Occupation	Porter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Clive Brookes
Address,	182 Light Street
Remarks,	Long Shell

8960005011

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, all the facts, the date and place of birth, and the been conferred), his sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, any of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Board shall hereafter fail to comply with the provisions of this section, shall be liable any such person or persons who shall fail to comply with the provisions of this section, shall be liable, Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) ~~Female~~ Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, November 6
4. Place of Birth, (Street and Number) 8 S. Carlton Street
5. Full Name of Mother, Mamie Estella Peters
6. Mother's Maiden Name,
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, Charles H Scott
9. Father's Occupation Waitress
10. Father's Birthplace, Annapolis

Name of Medical Attendant, or other person who makes this Return, Caroline Queen

Address, # 1066 Aisquith Street

Remarks,

1896 U 005012

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births within each district, and the date thereof, and the name, if any, and if not, the name shall be ascertained; the full name of each child, (if any shall have been given before the return is made,) the sex, color, and place of birth, and the full name, residence, age and birthplace of each parent, and the occupation of the father; and the first and last schedule shall be delivered, duly signed by the Practitioner in charge of each case, or other person in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, the mother, or in her absence the nearest relative present, shall within ten days thereafter, if she be able, and every month to the officer or practitioner of midwifery, or should no other person be in attendance upon the mother, then the father, or in his absence the nearest relative present, shall within ten days thereafter, if able, and every month thereafter, until the return shall be completed, and shall forward the same by mail to the Commissioner of Health, in the manner and with the information required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1330

RETURN OF A BIRTH. 78373

GIVEN NAME ADDED 6-25-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Alice Shuffler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	6th May 1896
4. Place of Birth, (Street and Number)	92 Barney St.
5. Full Name of Mother,	Mary Schaeffler Shuffler
6. Mother's Maiden Name,	" Shepherd
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John Schaeffler Shuffler
9. Father's Occupation	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Elyse Brookes
Address,	1828 Light Street
Remarks,	Home Well

8960005013

month, and shall set forth as far as the same can be ascertained the name and surname of each child, if any, born at one birth, the sex, color, the full name and occupation of the parents, the date and place of birth, and the time (if known) at which each child was born; and the practitioner in the form of a certificate between the first and said schedule shall be delivered monthly to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall neglect or refuse to do so, he, she or they shall severally forfeit and pay for every such offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 78374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	7th Mar 1896
4. Place of Birth, (Street and Number)	135 E Eastern Street
5. Full Name of Mother,	Annie Veath
6. Mother's Maiden Name,	" Whelte
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John Veath
9. Father's Occupation	Carriage Builder
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	1828 Light St
Remarks,	Doing Well

1 8 9 6 0 0 0 5 0 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

1336

RETURN OF A BIRTH. 78375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th Nov. 1896
4. Place of Birth, (Street and Number) 1276 Barney Street
5. Full Name of Mother, Kate Cathel
6. Mother's Maiden Name, " Shurden
7. Mother's Birthplace, Balto
8. Full Name of Father, Robert Cathel
9. Father's Occupation Border Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Eliza Brooks

Address. 1822 Light St.

Remarks. Living Well

8960005015

month and shall set forth as far as the same can be ascertained the full name of each child, (if any,) that are born alive, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. And no other person be required to report the birth of any child whose birth shall be duly signed by the attendant or practioner of midwifery at the time of such birth. In case the birth of any child shall occur upon the mother's premises, and there be no attendant or practioner of midwifery, and the mother, Commissioner of Health, shall become satisfied, and shall so certify in writing to the Registrar of Vital Statistics, that she is unable to report such birth within the period above specified, and shall name in such certificate the person who shall hereafter be required to report its birth, to whom a blank schedule shall be delivered by the Registrar of Vital Statistics, simply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 78376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the residence of the parents and the said schedule shall be delivered, duly signed, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person occupying the position of nurse, or other person who shall be employed in the house at the time of the birth of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject on conviction thereof to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th Nov 1896
4. *Place of Birth, (Street and Number)*	1172 Fort Ave
5. *Full Name of Mother,*	Annie Jennings
6. *Mother's Maiden Name,*	" Shepherd
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	James L Jennings
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	828 Light Street
Remarks,	Living Well

8960005016

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 1887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, &c.) Female

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, June 7th 1896
4. Place of Birth, (Street and Number) # 111 Hollins Alley
5. Full Name of Mother, Mary E. McIntyre
6. Mother's Maiden Name, " " Eagle
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Charles E McIntyre
9. Father's Occupation Rectifier
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Jos. E. Winder M.D.

Address, 1075 W. Baltimore

Remarks, L. O. J. A. Forceps

8960 00 50 17

month, and shall set forth as far as the same can be ascertained the full name of each child, sex, race, date and place of birth, and the full name and residence or place of business of its parents, the date and place of marriage of the parents, the date and the number of children born to the mother, and the number now living; and in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person required by this section shall be liable to report the same, then the occupier of the house in which such birth shall occur shall make such report, and in case there is no occupier of such house, then the person having charge of the mother shall become the duty of the person above required, and attendance upon the mother at the time of such birth, it shall be the duty of the Commissioner of Health to the manner and within the time specified in this section shall be subject to the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-23-59

RETURN OF A BIRTH. 78378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Sheppard Hogg

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Nov. 8th 1896
4. Place of Birth, (Street and Number) 1219 W. Lombard St
5. Full Name of Mother, Catherine B. Hogg
6. Mother's Maiden Name, " " Sweeney
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, J. Edward Hogg Jr.
9. Father's Occupation Boatswain
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Jos. C. Winslow

Address, 1075 W. Fayette St.

Remarks, L. O. A.

8960005018

month and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. If there shall be no practitioner present at the birth of any child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 10, 1896.
4. Place of Birth, (Street and Number) 136 E. Cross St.
5. Full Name of Mother, Margaret Walthers.
6. Mother's Maiden Name, Murrell.
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Harry Walthers,
9. Father's Occupation Clerk,
10. Father's Birthplace. Balto. City. Md.

Name of Medical Attendant, or other person who makes this Return, R. J. N. Talbert M.D.

Address, 1204 Madison Ave

Remarks.

8960005019

Wm. J. C. Dulany Co., City Printers and Stationers.

1336

CERTIFICATE CORRECTED 1-15-51

RETURN OF A BIRTH. 78380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Mabel Audrine Simms 2nd Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	10th Nov 1896
4. Place of Birth, (Street and Number)	1509 Marshall Street
5. Full Name of Mother,	Florence ~~Simms~~ Simms
6. Mother's Maiden Name,	Standsberry
7. Mother's Birthplace,	Balto
8. Full Name of Father,	William J. Simms
9. Father's Occupation	Engineer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	1828 Light St
Remarks,	Living Well

1896 0005020

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any shall have been born alive) and the full name and occupation of the parents, and the exact place of birth; and the said certificate shall be delivered, duly signed by the attending physician or midwife, or other person required to sign such certificate, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no one of the parents of such child be able to make such return, then it shall be the duty of the householder or owner of the house in which such birth occurs to make such return within the period above required, and attendance upon the child, shall severally comply with the provisions of this section shall be liable and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 78389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	10th Nov. 1896
4. Place of Birth, (Street and Number)	1101 Randall Street
5. Full Name of ~~Mother~~,	Minnie Batcher
6. Mother's Maiden Name,	" Cunsey
7. Mother's Birthplace	Balto,
8. Full Name of Father,	John Batcher
9. Father's Occupation	Engineer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Eliza Brooks
Address,	1828 Light Street
Remarks,	Doing Well

1 8 9 6 0 0 0 5 0 2 1

Health. This schedule shall contain a list of the births which have occurred during the week ending on the Saturday next preceding the date of the return thereof, the full name of each child (if any shall have been born), the sex, color, the full name and occupation of its parents, the date and place of birth, and the name, residence and address of the physician or midwife in attendance upon the birth; and shall be delivered, duly signed by the practitioner in the form of certificate hereinafter set forth, to the Registrar of Vital Statistics, at the office of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon such birth, the mother of such child shall herself make the return required by this section. In case the mother of such child is herself in attendance upon such birth, the duty of the person or parents of such child to make such return shall be performed by the person in attendance upon the mother. The provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 78382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9th Nov 1896
4. *Place of Birth, (Street and Number)*	1828 Light Street
5. *Full Name of Mother,*	Laura Jane Fully
6. *Mother's Maiden Name,*	" " Brooks
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John H. Fully
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	1828 Light St.
Remarks.	

8960005022

month, and shall set forth as far as the same can be ascertained, the full name of each child born, and have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said duty of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the person or persons of such attendance upon the mother, immediately after the birth, in the manner and within the period above required, and child to report its birth as herein required, or any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1330]

RETURN OF A BIRTH. 78383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 11th 1896
4. Place of Birth, (Street and Number)	164 Hanover St.
5. Full Name of Mother,	Fannie J Shue
6. Mother's Maiden Name,	" Reider
7. Mother's Birthplace,	Jefferson Pennsylvania
8. Full Name of Father,	Edwin Reider
9. Father's Occupation	Laborer
10. Father's Birthplace,	Carlisle Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Elize Bradley
Address.	828 Light Street
Remarks.	Hang Well

8960005023

Wm. J. C. Dulany Co., City Printers and Stationers.

The schedule shall contain a list of the births which have occurred under his or her care during the month, with all the particulars set forth as far as the same can be ascertained. The full name of each child, if any shall have been given, shall be stated. If twins, triplets, &c., be born at the same birth, the date and place of birth, and the name conferred (if any) of each child, shall be stated in a separate schedule. Every midwife or other person who shall assist at the birth of any child otherwise than as a physician or practitioner in the form of a certificate between the first and third day of each and every month, a list of the births at which he or she shall have assisted during the month, and shall deliver, duly signed, at the office of the Commissioner of Health. In case the birth shall occur within the city of the presence of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and failure within such time shall subject the person or parents so failing to the penalty hereinafter mentioned. Any midwife who shall fail to comply with the provisions of this section shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, 12th Nov. 1896
4. Place of Birth, (Street and Number) 120½ Barney St.
5. Full Name of Mother, Emma Wright
6. Mother's Maiden Name, Hefelbo
7. Mother's Birthplace, Balto
8. Full Name of Father, Edward Wright
9. Father's Occupation Fireman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1826 Light Street

Remarks, Living Well

8960005024

month, and shall set forth as far as the same can be ascertained, the full name of each child not only born but also dead and buried within the month, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said Clerk shall be allowed only one dollar for each certificate between the first and third, and for each certificate after the first and third, issued at the same time, fifty cents; and the said Clerk shall not be entitled to any fee for certificates issued after the expiration of the first month after the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1336

RETURN OF A BIRTH. 18385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th Jan 1896
4. Place of Birth, (Street and Number) 111 S. Randall St.
5. Full Name of Mother, Ella Strider
6. Mother's Maiden Name, " Hartman
7. Mother's Birthplace, Frederick Co. Md.
8. Full Name of Father, William Strider
9. Father's Occupation Conductor Band C.
10. Father's Birthplace, West Virginia

Name of Medical Attendant, or other person who makes this Return, Eliz. Brooks

Address, 1824 Light St.

Remarks, Living Well.

18960005025

month, and shall set forth so far as the same can be ascertained, the full name of each child, if any, shall have been conferred; its sex, color, the full name and residence of the parents, the date and place of birth; and the said schedule shall be delivered monthly to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case the person or persons in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 78386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2nd Nov 1896
4. *Place of Birth, (Street and Number)*	~~1430 Marshall~~ 115 Gittings St.
5. *Full Name of Mother,*	Kate Jones
6. *Mother's Maiden Name,*	" Cook
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Harry Jones
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Eliz Brooks
Address,	1823 Light Street
Remarks,	Doing Well

1896000526

month, and shall set forth same as the same can be ascertained by the inquiry of each parent, the date and place of birth; and the name, sex, color, the full name and residence of the parents, the date and place of birth; and the name, sex, color, the full name and residence of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in such form as said schedule shall be delivered, until the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 78587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th Nov. 1896
4. Place of Birth, (Street and Number) 1521 E Charles St.
5. Full Name of Mother, Sarah Cook
6. Mother's Maiden Name, Crawford
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Cook
9. Father's Occupation Insurance Collector
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Eliz. Brooks

Address. 1828 Light St

Remarks. Living Well

1 8 9 6 0 0 6 5 0 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health—Art. 12, Sec. 1 of the Code sets forth as the same can be ascertained the full name of each child, (if any shall have been born alive) and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance at the case, or if there is no such practitioner in attendance, by the mother of such child, or in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, then the householder or manager of the premises where such birth occurs shall be required to deliver, duly signed by him, the said schedule, within the first ten days of each and every month to the office of the Commissioner of Health, in the manner and with the particulars above mentioned. Art. 12, Sec. 2. Any person who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13th Nov. 1896
4. *Place of Birth, (Street and Number)* 1516 Olive Street
5. *Full Name of Mother,* Rose Vogle
6. *Mother's Maiden Name,* " Mc. Ine
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Vogle
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1828 Light Street

Remarks, Doing Well

1 8 9 6 0 0 0 5 0 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78389

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 15
4. Place of Birth (Street and Number)	1122 Argyle av
5. Full Name of Mother	Marie Reed Harrington
6. Mother's Maiden Name	Marie Reed
7. Mother's Birthplace	Balt Md.
8. Full Name of Father	W. J. Harrington
9. Father's Occupation	Builder
10. Father's Birthplace	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	Robert R Knecht M
Address	220 N Gilmor St
Remarks	

1896 0005029

Fisk #1506 - 4-7-77 Cw

CERTIFICATE AMENDED

RETURN OF A BIRTH. 78390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Josie Goodrich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 15, 1896
4. Place of Birth, (Street and Number) 552 Baker St.
5. Full Name of Mother, Katie Goodrich
6. Mother's Maiden Name, Katie Duckett
7. Mother's Birthplace, Prince George Co.
8. Full Name of Father, Marcellus Goodrich
9. Father's Occupation Waiter
10. Father's Birthplace, Annapolis

Name of Medical Attendant, or other person who makes this Return, Matilda Johnson

Address, 1408 Bruce St.

Remarks,

1896000530

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born) since the last preceding return, the sex, color, date and place of birth; and the names (if conferred) its sex, color, the full name and occupation of its parents, of a certificate between the first and said schedule shall be delivered, duly signed by the attending physician or midwife, or should no other person shall occur within the city of Baltimore, it shall become and within the period above required, and child to report its birth to the Commissioner of Health in a manner as may be required by the provisions of this section shall be subjected to the fine of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex.* (~~state whether male or~~ female)
2. *Race or Color.* (~~if not of the~~ white ~~race~~)
3. *Date of Birth,* Nov 16th 1896
4. *Place of Birth,* (Street and Number) 2541 Oak St
5. *Full Name of Mother,* Kate Hine
6. *Mother's Maiden Name,* n McLean
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph Hine
9. *Father's Occupation* Conductor
10. *Father's Birthplace.* Balto

Name of Medical Attendant, or other person who makes this Return, Mary Hartley M.D.

Address, 25 W Preston St

Remarks,

1896 0005031

Health. This side is to contain a list of the births which have occurred in each family during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born; the sex; color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, it shall become the duty of the person or parent in charge of such child to report the birth to the Commissioner forthwith. The master and mistress of every family shall within the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, it shall become the duty of the person or parent in charge of such child to report the birth to the Commissioner forthwith. The master and mistress of every family shall within the first and third day of each and every month to the office of the Commissioner of Health, a correct report in writing of the births which have occurred in their respective families during the preceding month, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 78372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 15 th 1896
4. Place of Birth, (Street and Number) 624 Port street
5. Full Name of Mother, Mary Hefbel
6. Mother's Maiden Name,
7. Mother's Birthplace, Germanie
8. Full Name of Father, George Hebbel
9. Father's Occupation Saloon
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Koptish

Address, 305 N Washington st

Remarks,

1896 0005032

regular 24 hrs. but shall elect the same on or before 10 o'clock A. M. of the first day of each month, and shall set forth as to the same all the births which have occurred under his or her care during the month next preceding. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as to the same all the matters required by the foregoing section of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person required by this section to report such birth be in attendance upon the mother at the time of the birth, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Coloured
3. Date of Birth, Nov 15th 1896
4. Place of Birth, (Street and Number) 616 W Saratoga St
5. Full Name of Mother, Lottie Jackson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father, Andrew Jackson
9. Father's Occupation, Barber
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, [illegible] M.D.

Address, 805 Park Ave

Remarks, Prolonged labor, child profoundly asphyxiated. Lab resuscitation after 3/4 hour. Nov 6 1896 0 0 5 9 3 3 Nov. 17th 96

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether ~~1st, 2d, 3d, &c.~~) 4

1. Sex. (~~state whether male or~~ female)
2. Race or Color. (~~if not of the~~ white race)
3. Date of Birth. 11/15/96
4. Place of Birth. (Street and Number) 1539 Eutaw St.
5. Full Name of Mother. Ad. Herrmann
6. Mother's Maiden Name. Pabst
7. Mother's Birthplace. Worcester Mass.
8. Full Name of Father. Thos Herrmann
9. Father's Occupation. Machinist
10. Father's Birthplace. London, England

Name of Medical Attendant, or other person who makes this Return. Dr Shirley

Address, 1527 W Fayette.

Remarks, Precipitate. (Certain confinement)

8960005034

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if named, the sex, color, the full name and residence of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in person or sent by mail, to the office of the Commissioner of Health within ten days after the first and fifteenth day of each month; and every such practitioner in attendance upon a birth which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person shall have given notice thereof as required by this section, shall cause a certificate to be given of any child born to the mother, immediately thereafter, in the manner and with the particulars required, and any such person or practitioner who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 15 Nov. 1896
4. Place of Birth, (Street and Number) Balto Parnkes alley
5. Full Name of Mother, Julia Nelson
6. Mother's Maiden Name, [illegible] Randolph
7. Mother's Birthplace, [illegible]
8. Full Name of Father, Wm H Nelson
9. Father's Occupation, Sailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, [illegible]

8960005035

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been entered in the Register of Births,) the full name and occupation of its reputed father, the color and race of the child, the name and surname of the mother previous to her marriage, the place of birth and the third day of each month, duly signed by the practitioner in the form of a certificate hereto annexed. And the said schedule shall be delivered, or transmitted by mail, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed in any such case by the preceding section. Any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 18396

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov. 15. 1896

4. Place of Birth, (Street and Number) 726 N. Mount

5. Full Name of Mother Frances Mills McKenzie

6. Mother's Maiden Name "

7. Mother's Birthplace Maryland

8. Full Name of Father Geo. Washington Mills

9. Father's Occupation Structural Iron Worker

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Wm Lewis Md

Address 1213 Patterson Ave

Remarks

8960005036

Sec. 1167 Laws of 1896, Article 12, Code of Public Local Laws. Every physician, midwife, or other person in the City of Baltimore who shall be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 78397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 15th of November 1896
4. Place of Birth, (Street and Number) 112 Winter Street City
5. Full Name of Mother, Lizzie Purnell
6. Mother's Maiden Name, Lizzie Thomas
7. Mother's Birthplace, Worchester County Md
8. Full Name of Father, Levin Purnell
9. Father's Occupation Laborer
10. Father's Birthplace, Worchester County Md

Name of Medical Attendant, or other person who makes this Return, Annie Evans

Address, 138 N Hamburg Street City

Remarks,

1896 0 0 5 0 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Male Child
2. Race or Color, (if not of the white race) Colored Child
3. Date of Birth, November 16. 1896
4. Place of Birth, (Street and Number) 412 Parish Alley.
5. Full Name of Mother, Katie Washington age 20
6. Mother's Maiden Name, Katie Hammond.
7. Mother's Birthplace, Baltimore City. Md.
8. Full Name of Father, James Washington age 21
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore City. Md.

Name of Medical Attendant, or other person who makes this Return, Wm Cancil. Reid.

Address, 417 Parish Alley.

Remarks,

18960005038

Health. This schedule shall contain a list of the names of all persons born within the district, during each month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been conferred, the sex, color, and parentage of each child, the name and surname and occupation of its parents, the date and place of birth, the first and said schedule shall be verified, duly signed by the practitioner in the form of a certificate, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the time prescribed by this section shall be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 November 1896
4. Place of Birth, (Street and Number) 29 S. Spring St
5. Full Name of Mother, Jennie Lipschitz
6. Mother's Maiden Name, Jennie Berman
7. Mother's Birthplace, Russia
8. Full Name of Father, Abram Lipschitz
9. Father's Occupation Ed Messenger
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Jetter Kleinwaechter
Address, 1042 E. Lombard St
Remarks,

† 8960005039

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred since the last preceding return, and the full name of each child, if any shall have been named, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been named), its sex, color, the occupation of its parents, the date and place of birth, and the name and residence of the attendant upon the mother, (if there was such attendant), and the certificate hereof shall be delivered month by month (or quarterly) as the case may be, to the Registrar of Vital Statistics. In case the mother of such child shall not have had the attendance of a physician or midwife, or in case of the absence or inability of such attendant, the said schedule shall be delivered month by month to the office of the Registrar of Vital Statistics, or shall be transmitted by mail, within the first third day of each month thereafter, by the nearest relative or friend of the mother present at the birth, or in case there be no relative or friend present, then by the person occupying the house in which such birth occurred. It shall become the duty of the attendant upon the mother, (immediately after the birth of such child), or in case there be no such attendant, then of the mother herself, if able, or in case she be unable, then of the nearest relative or friend present at the birth, or in case there be no relative or friend present, then of the person occupying the house in which such birth occurred, to report its birth to the Registrar of Vital Statistics, in the manner and within the time above required, and in accordance with the provisions of this section. Any such person or persons who shall fail to report such birth within the time above required, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 3/12/67

RETURN OF A BIRTH. 78400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

NAME: IRENE ADELAIDE TELFORD

1. Sex, (state whether male or female) f
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 16 1896
4. Place of Birth, (Street and Number) 1734 E. Lanvale St
5. Full Name of Mother, Mary Ann Telford
6. Mother's Maiden Name, " " Stedman
7. Mother's Birthplace, England
8. Full Name of Father, Jno. Henry Telford
9. Father's Occupation, Engineer
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Wm D. Watson

Address, 1601 N. Broadway

Remarks.

1896 U 005040

Wm. J. C. Dulany Co., City Printers and Stationers.

respect of race or color, shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the name, sex, color, the full name and occupation of the parents of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, and the residence of the parents, in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. And no other person be in said schedule shall be delivered, duly signed by the midwife or attendant, at the office of the Commissioner of Health. And no other person be in attendance upon the mother, immediately thereafter, shall neglect or refuse to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall deliver upon the mother, immediately thereafter, shall neglect or refuse to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall neglect or refuse to comply with the provisions of this section hereafter fail to comply with the provisions of this section shall be liable to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Jected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1336

RETURN OF A BIRTH. 78401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Maude Marie Fitzpatrick 1st Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th Jan 1896
4. Place of Birth, (Street and Number) 1402 Light Street
5. Full Name of Mother, Lillian Roma Fitzpatrick
6. Mother's Maiden Name, " " Action
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Henry Fitzpatrick
9. Father's Occupation, Clerk in Post Office
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1828 Light Street

Remarks. GIVEN NAME ADDED. 3-17-53 Hoang Mell.

1 8 9 6 0 0 0 5 0 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78402

CERTIFICATE CORRECTED 6/9/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Joseph Paul 4 Trainor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [redacted] Male

1. Sex, (state whether male or female)

2. Race or Color, (If not of the white race)

3. Date of Birth, Nov 16 — 1896

4. Place of Birth, (Street and Number) 1029 Bank St.

5. Full Name of Mother, Mary Trainor

6. Mother's Maiden Name, Brady

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Trainor

9. Father's Occupation, Plumber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks,

1896000050 42

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full names of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of any child, it shall become the duty of such midwife or nurse to report its birth to the Board of Health, in the manner and within the period above specified, and said schedule shall be delivered, duly signed by such midwife or nurse, to the office of the Commissioner of Health. Any such person neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

No. 1236]

RETURN OF A BIRTH. 78403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov. 16 1896
4. Place of Birth, (Street and Number) 1814 Forman St.
5. Full Name of Mother, Eliza Jones
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Illegitimate
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. J. Flanagan Bond

Address, 1122 N. McKeen St

Remarks, Normal Labor

18960005043

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such Birth, and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been considered still born) the full name, age and general occupation of its parents, the date and place of birth, and the name and residence of the physician, midwife or other person present at the birth. And he shall also state in every case where no physician was present at the birth of any child that such child was still born or died before it could be seen by a physician. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time prescribed by this section. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

78403

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 29th 1885
4. *Place of Birth, (Street and Number)*	Hamburg near Leadenhall
5. *Full Name of Mother,*	Margaret E. Downs
6. *Mother's Maiden Name,*	Thompson
7. *Mother's Birthplace,*	Talbot Co Md
8. *Full Name of Father,*	Horace Downs
9. *Father's Occupation*	Furniture Mover
10. *Father's Birthplace,*	Talbot Co Md.
Name of Medical Attendant, or other person who makes this Return,	Angeline Wilson
Address,	214 Wayne St
Remarks,	

1896U005044

Wm. J. C. Dulany Co., City Printers and Stationers.

1236 |

RETURN OF A BIRTH. 78404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* 17th Nov 1896
4. *Place of Birth,* (Street and Number) 121 E Barney Street
5. *Full Name of Mother,* Lee Ella Lehn
6. *Mother's Maiden Name,* " " Schrifogle
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas T. Lehn
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Eliz Brooks

Address, 1828 Light Street

Remarks, Doing Well

1896000050045

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth (4) child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 17th 1896
4. *Place of Birth, (Street and Number)* 1635 Harford Avenue
5. *Full Name of Mother,* Annie Helen Huebert
6. *Mother's Maiden Name,* Dirkine
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Ignatius Huebert
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer. M.D.

Address, 439 N. Central Ave.

Remarks,

+ 8 9 6 0 0 0 5 0 4 6

register of such births, and shall enter the same [illegible] which have occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 November 1896
4. Place of Birth, (Street and Number) 836 S. Bond Ste.
5. Full Name of Mother, Annie Gajewska
6. Mother's Maiden Name, Grajewska
7. Mother's Birthplace, Pole
8. Full Name of Father, Steve Gajewsky
9. Father's Occupation Hole-maker
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return.

Address, 838 S. Bond Ste.

Remarks, Mary Pretle. Baltr. Md.

1896 0 05047

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 November
4. Place of Birth, (Street and Number) 106 Forest St
5. Full Name of Mother, Rosie Solomon
6. Mother's Maiden Name, Rosie Rabinowitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Solomon
9. Father's Occupation A Picture frame maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, John McAuley

Address, 10 E. Fayette St

Remarks,

18960 05048

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of births. It shall contain a list of the births which have occurred under his charge during the month, and give such particulars as the same can be ascertained, the full name of each child (if any shall have been named), its sex, color, the full name and occupation of its father, the date and place of birth; and the name, residence and occupation of its mother. Such list shall be in the form of a certificate between the first and third days of each and every month, and shall be delivered, duly signed by the person or one of the persons making the said schedule, at the office of the Commissioner of Health. In case the birth of any child shall occur without the knowledge of a physician or practitioner of midwifery, or of the person or parents of such child, it shall be the duty of the person having charge of such child, immediately hereafter, to give information and within the period above required, and shall report its birth to the Commissioner of Health, in the manner and with the particulars above mentioned; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 17 1896
4. Place of Birth, (Street and Number) 1062 Druid Hill St
5. Full Name of Mother, Sarah Brill
6. Mother's Maiden Name, Sarah Steinfeld
7. Mother's Birthplace, Russia
8. Full Name of Father, Ike Brill
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rose Fineburg

Address, 25 S Lloyd St

Remarks,

1896 0005049

register of such births and shall enter the same on blank schedules, to be furnished by the Health, and shall set forth as far as the same can be ascertained, the name of each child, if any, the sex, color, the date and place of birth, and the name, residence and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full names of the physician or midwife, if any, present at the birth of any child said schedule shall be delivered, until to the office of the Commissioner of Health, it should no other person be in third day of each month, a return of all births which have occurred during the preceding month, and shall be subscribed by the physician or midwife, if any, present at the birth of any child attendance upon the mother, immediately after the birth, in the manner and within the period above mentioned. And every such person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned, shall be subject to the penalty hereinafter provided, and every such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of Ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM

RETURN OF A BIRTH. 78405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st.

1. Sex, (*state whether male or female*) Female

2. Race or Color, (*if not of the white race*) Colored race

3. Date of Birth, 17th of Nov.

4. Place of Birth, (*Street and Number*) 610 N. Caroline St. Baltimd

5. Full Name of Mother, Mattie Phillips

6. Mother's Maiden Name, Not married

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, Thomas Scott.

9. Father's Occupation Labor

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 623 N. Wolfe St.

Remarks, Born a well as can be expect.

1896000505 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed to the Commissioner of Health. In case the birth of any child third day of each and every month, a like report in the form of a certificate between the first and shall occur without the attendance of a physician or practicer of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 18th
4. *Place of Birth, (Street and Number)*	632 West Lombard
5. *Full Name of Mother,*	Julia A Blake
6. *Mother's Maiden Name,*	Julia A Weatherbon
7. *Mother's Birthplace,*	Minnesota
8. *Full Name of Father,*	William H Blake
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	Hellgonda Cliff
Address,	731 N Peter St
Remarks,	

1896 0005051

Wm. J. C. Dulany Co., City Printers and Stationers

Register of such birth, and shall enter the same on blank schedules to be furnished by the Board of Health. Said schedule shall contain a list of the births which have occurred under his or her care during the month. Said schedule shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the day and hour of its birth, the full name, residence and occupation of its parents, the date and place of their marriage, the number of children born to the present mother, and the number now living, and shall state whether the child was born alive or dead, and if dead, whether it was a stillborn child or died after birth, and the cause of death. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 78411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th Nov 1896
4. Place of Birth, (Street and Number) 1311 West Street
5. Full Name of Mother, Mary Miller
6. Mother's Maiden Name, " Harley
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Miller
9. Father's Occupation Engineer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Eliza Brooks

Address, 1825 Light Street

Remarks, Doing Well

8960005052

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 November
4. Place of Birth, (Street and Number) 828 S. Broad Ste.
5. Full Name of Mother,
6. Mother's Maiden Name, Annie Tartali
7. Mother's Birthplace, Sweden
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address, 828 S. Broad Ste.

Remarks, Mary Tartali

1 8 9 6 0 0 0 5 0 5 3 Ord.

register of each birth that shall occur in his district, and of the particulars required to be registered concerning the same, which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of its birth, and the name, residence, and occupation of its parents, the date and place of marriage, and the number of children born to the mother, and the number of children born alive and still living, and the number born between the first and second birth, and between the second and third birth, and so on in the case of each child of which he or she has been concerned; its sex, color, the name and residence of the physician or midwife, if any, present at the birth, and the name and residence of the informant, which said schedule shall be duly signed by the practitioner in the case of midwifery, or should no other person be present at the birth, by the mother. Said schedule shall be delivered or transmitted by mail to the office of the Commissioner of Health every month, and every third day, or oftener, if required by the Commissioner of Health, in the manner and with the penalties provided by law. Every practitioner of midwifery, or other person who shall attend upon any case of birth, shall, on every occasion of his or her attendance upon the mother, immediately after the birth of the child, report to the parent or nurse in charge of the child the sanitary rules and regulations of the Board of Health relating to the registration of births, and shall furnish to the parent or nurse a copy of the same, and shall also report to the Commissioner of Health the name and residence of the parent or nurse to whom such copy was furnished. Any practitioner of midwifery, or other person who shall attend upon any case of birth, who shall neglect or refuse to report the birth of any child as required by this section, or who shall neglect or refuse to furnish a copy of the rules and regulations of the Board of Health relating to the registration of births, as required by this section, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 November
4. Place of Birth, (Street and Number) 514 S. Gregester Stu
5. Full Name of Mother, Elizabeth (Dora) Duchnavic
6. Mother's Maiden Name, Ramanavic
7. Mother's Birthplace, Pole
8. Full Name of Father, Joseph Duchnavic
9. Father's Occupation, Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return,

Address, 838 S. Bond Stu.

Remarks, Ohmig Bath.

1896 0005054 Baltto. Md.

Wm. J. C. Dulany Co., City Printers and Stationers.

1230

RETURN OF A BIRTH. 78414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	19th Nov. 1896
4. Place of Birth, (Street and Number)	123 E Blumberry
5. Full Name of Mother,	Mary Celiski
6. Mother's Maiden Name,	M. Megee
7. Mother's Birthplace,	Balto
8. Full Name of Father,	William Celiski
9. Father's Occupation	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	1820 Light St
Remarks,	Home Male.

+ 8 9 6 0 0 0 5 0 2 5

Health. This acts shall further provide that the full name of each child (if any shall have been given) shall be entered on the certificate within one month after the date of birth, and shall set forth the full name and occupation of its parents, the date and place of birth of each child, whether living or dead, and such other information as may be required by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. November 17th 1896
4. Place of Birth, (Street and Number) No 927 N. Howard St
5. Full Name of Mother, Maria Taylor
6. Mother's Maiden Name, " Jamison
7. Mother's Birthplace, Virginia
8. Full Name of Father, Elijah Taylor
9. Father's Occupation Waiter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address. 1024 Park Ave

Remarks. 1896005056

Health. This schedule shall contain a list of the births which have ... and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	19 November
4.	*Place of Birth, (Street and Number)*	717 Dover St
5.	*Full Name of Mother,*	Mary E Reilley
6.	*Mother's Maiden Name,*	Mary E Lanigan
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	George Reilley
9.	*Father's Occupation,*	Carrier
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Miss Katherine Leerach
	Address,	
	Remarks,	1896 0005057

Notice. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, and the sex and color thereof, the full names, residence and occupation of its parents, the date of birth, and the place of birth; and the certificate hereto annexed shall be delivered by the practitioner in charge of the case to the person who shall have performed the office of midwife (if any such shall have been employed or conferred) in each case, and in case there shall be no such midwife, then to the father or mother of such child, or person having charge of the same; and the certificate between the first and second perforations shall be delivered by the practitioner in the case of stillborn children, and in case there shall be no such practitioner in attendance, then by the midwife, father or mother, or person having charge of such child, as aforesaid; and every practitioner or midwife, or other person who shall be required to make a return as aforesaid, shall sign his or her name to the same, and shall write or cause the same to be written in a plain hand, and shall deliver the same or cause the same to be delivered to the Registrar of Vital Statistics, at the office of the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health; and every practitioner or midwife who shall be in attendance upon the mother, Commissioner of Health, in the manner and within the provisions of this section, failing to report the birth of such child as aforesaid, or who shall neglect or refuse to comply with the provisions of this section, shall be subject to the penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 7847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov - 20 - 1896
4. Place of Birth, (Street and Number) 1745 E. Lombard st
5. Full Name of Mother, Katie Schaller
6. Mother's Maiden Name, " Frederick
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles E. Schaller
9. Father's Occupation, Provision dealer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, P. G. Dauschner

Address, 1731 E. Baltimore st.

Remarks, 1896 0005058

register of such Birth, and shall enter the same on the records to be kept by him; and the Clerk of the Court during the first week of each month shall transmit to the Registrar of Vital Statistics a list of the births which have occurred under his or her care during the month, and shall certify to the correctness of the same. This schedule shall contain the name of each child born alive, the name and place of birth, and the sex of each child, so far as the same can be ascertained; the full name of the father, and the maiden name of the mother; the color, the full name and occupation of the person or parents of such child, and the date of the birth of each child. Such returns shall be made in the form of a certificate between the first and third day of each and every month, and shall be signed by the person or parents of such child, or by the physician or practitioner or midwifery, or other person who shall have been in attendance upon the mother, immediately thereafter. It shall become and be the duty of the Clerk of the Court to whom such schedule shall be delivered, duly signed by the person required, to certify to the correctness of the same, and to transmit the same to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife, it shall become and be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter [illegible]
Health. This schedule shall contain a list of the births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 22nd 1896
4. *Place of Birth, (Street and Number)* 704 Dallas Street
5. *Full Name of Mother,* Barbara Smearman
6. *Mother's Maiden Name,* Barbara Irish
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Henry Smearman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs. Anna Lenz Midwife

Address, 1539 Aliceanna Street

Remarks, 1 8 9 6 0 0 0 5 0 5 9

1236.]

RETURN OF A BIRTH. 78419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 3rd 1896.
4. Place of Birth, (Street and Number) S.E. Cor Paulo Pauls Third a.m.
5. Full Name of Mother, Maggie McCann
6. Mother's Maiden Name, Welsh
7. Mother's Birthplace, Md
8. Full Name of Father, Edward J. McCann
9. Father's Occupation Merchant to Farmer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, D.S. Williams M.D.

Address, 254 Carroll St. Woodberry Baltimore.

Remarks,

1896 0005060

Wm. J. C. Dulany Co., City Printers and Stationers.

[236.]

RETURN OF A BIRTH. 7 8 4 20

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	H. Edward Rustenberg 11th child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Nov. 14th 1896
4. *Place of Birth, (Street and Number)*	1830 E. Pratt st.
5. *Full Name of Mother,*	Leandin Rustenberg
6. *Mother's Maiden Name,*	Leandin Rost
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Geo. Rustenberg
9. *Father's Occupation*	clerk
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	R. W. Mansfield M.D
Address,	129 S Broadway
Remarks,	GIVEN BIRTH HERE 0 4 6 0 0 0 0 5 0 6 1

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. Such schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, the full name of each child, if any shall have been conferred, its sex, color, the full name of its parents, the date and place of marriage of the parents, the birthplace and last residence of the parents, the name and residence of the physician or midwife present at the birth of any child born elsewhere than at the mother's residence, and the cause of each stillbirth. The schedule shall be delivered, duly filled out, to the office of the Commissioner, or should no other person be in said office to receive it, shall be mailed to the Commissioner, postage prepaid, on the first and third day of each and every month, and the physician or midwife in attendance at any birth occurring after the delivery of such schedule shall become the duty of the person or persons in charge of the house where such birth occurs, and if there be no person in charge, then of the physician or midwife present at such birth, to report the same to the Commissioner of Health, in the manner and within the time prescribed in this section. Any physician or midwife who shall neglect or refuse to comply with the requirements of this section shall be subject to the penalty of ten (10) dollars for each offence, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 16th 96
4. Place of Birth, (Street and Number) No 822 N Washington
5. Full Name of Mother, Mary Hoffmann
6. Mother's Maiden Name, C. Wirth
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. L. Hoffmann
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross.

Address, No 1907 E Monument St

Remarks, 18960005062

Wm. J. C. Dulany Co., City Printers and Stationers.

Section. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, the sex, color, date of birth, and the full name and residence and usual occupation of its parents, the date of each marriage between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person have been conferred, to the office of the registrar of births, deaths and marriages in the city of Baltimore, on or before the third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the parent or nurse having charge of such child to report the particulars required, and within the period above required, and attendance upon the mother, immediately after the birth, in the manner and with the particulars required by the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 16th November
4. Place of Birth, (Street and Number) Baltimore 1408 Fenwick
5. Full Name of Mother, Bell
6. Mother's Maiden Name, Fisser Thonson
7. Mother's Birthplace, Lancaster Co Va
8. Full Name of Father, Walter Bell
9. Father's Occupation Barber
10. Father's Birthplace, Shastots Ville Va

Name of Medical Attendant, or other person who makes this Return. Mrs F Myers.

Address, No. 722 Bradley St Balti City

Remarks,

1896 0005063

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 78423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. Elsie Ida ~~Johanna~~ Metzke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 19 1896

4. Place of Birth, (Street and Number) 1851 Mar[illegible]

5. Full Name of Mother, Lena (Lenny) (Mathilda) Metzke

6. Mother's Maiden Name, (Barbara) Dahlke Dahlke

7. Mother's Birthplace, Germany

8. Full Name of Father, Theodore Theaco (Mathias) Metzke

9. Father's Occupation, Workingman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carl A. Schwarz

Address, 787 E Fat Ave

Remarks, 1896000050 64

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1230

RETURN OF A BIRTH. 78424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 20 — 1896
4. Place of Birth, (Street and Number) 805 S. Dallas St.
5. Full Name of Mother, Annie L. Yerscheit
6. Mother's Maiden Name, Michaelis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Yerscheit
9. Father's Occupation, Iron Molder
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who writes this Return, Mary Stein

Address, 1427 E. Kraft St.

Remarks.

1896 0005065

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, which schedule shall contain a list of the births which have occurred under his or her care during the month, and shall certify on each schedule that the full number of births which have occurred under his or her care during the month have been conferred; his sex, color, the full name and occupation of its parents, the date of each child's birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is not reported as above required, the practitioner in attendance upon the mother, immediately thereafter, shall become liable to a penalty of fifty dollars, and the Commissioner of Health, in the manner and within the period above required, shall attendance upon the mother, immediately thereafter, shall become liable to a penalty of fifty dollars, and the Commissioner of Health, in the manner and within the period above required, shall child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore November 22/26
4. Place of Birth, (Street and Number) #211 W Conaway St Back Bldg.
5. Full Name of Mother, Annie Catanzaro
6. Mother's Maiden Name, Termini Cimarusa
7. Mother's Birthplace, Italy
8. Full Name of Father, Frank Catanzaro
9. Father's Occupation Fruit Peddler
10. Father's Birthplace, Termini Cimarusa

Name of Medical Attendant, or other person who makes this Return, Mrs. Dena Barker

Address, 41 E. Fort Street Balto.

Remarks.

8960005066

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7842 6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 23. 1896 2.15 AM.
4. Place of Birth, (Street and Number) 815 N. Mount St.
5. Full Name of Mother, Flora C. Lamar
6. Mother's Maiden Name, F. C. Whittington
7. Mother's Birthplace, Worcester Co Md
8. Full Name of Father, Geo Lamar
9. Father's Occupation Clerk
10. Father's Birthplace, Frederick Md

Name of Medical Attendant, or other person who makes this Return, Louis M Eastman

Address, 772 W Lemmon St

Remarks,

8 7 6 0 0 0 5 0 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

one

RETURN OF A BIRTH. 7843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Edna Regina Roman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, Nov (23) 96
4. Place of Birth, (Street and Number) No 2323 Mellowes Ave
5. Full Name of Mother, Mathilda (Kassmeir) Roman
6. Mother's Maiden Name, Engel Koch
7. Mother's Birthplace Balt Co
8. Full Name of Father Frederick (Phil) (Kassmeir) Roman
9. Father's Occupation Gun maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross

Address, No 1907 E Monument Ave

Remarks, 1896 0005068

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 178428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 1st 1896
4. Place of Birth, (Street and Number) 838 Fallen st.
5. Full Name of Mother, Domenica Carnuso
6. Mother's Maiden Name, " Scalia
7. Mother's Birthplace, Italy
8. Full Name of Father Ignazio Carnuso
9. Father's Occupation Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 122 S. Exeter st.

Remarks, 1896 0005069

Wm. J. C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH. 78429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 1 '96

4. Place of Birth, (Street and Number) 1300 East Ave

5. Full Name of Mother, Ellen Sheridan

6. Mother's Maiden Name, Welsh

7. Mother's Birthplace, Ireland

8. Full Name of Father, Thomas

9. Father's Occupation, ~~Farmer~~ Restaurant

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Wm. Purnell

Address, E. East Ave & Preston St

Remarks, 8960005070

Wm. J. C. Dulany Co., City Printers and Stationers.

Name of child, if any, to be entered on the same blank schedule, to be furnished by the Commissioner of Health. This shall set forth as far as the same can be ascertained, the name and surname of each child (if any shall have been born alive) of which the woman was then pregnant or delivered, the date and place of birth, and the sex, color, the full name and residence of the parents, the date and place of their marriage, and the number of children (if any) born alive to the present pregnancy or delivery. And it shall be the duty of the person or parents of such child (if any shall be born alive) to procure a certificate between the birth of any child and said schedule shall be delivered, duly filled, to the office of the Commissioner of Health. Should no other person be in attendance at the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) First Child

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* November 1st 1896

4. *Place of Birth,* (*Street and Number*) 866 Portland st

5. *Full Name of Mother,* Paulina C. Engelhaupt

6. *Mother's Maiden Name,* Paulina C. Hoffmann

7. *Mother's Birthplace,* Konigsberg Prussia Germany

8. *Full Name of Father,* Fred. J. Engelhaupt

9. *Father's Occupation* Varnisher and Polisher

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Wm Bange

Address, 711 N. Cross st.

Remarks,

8960005071

Wm. J. C. Dulany Co., City Printers and Stationers.

1230.]

RETURN OF A BIRTH. 78431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) First

1. *Sex*, (*state whether male or female*) male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, November 1st 1896
4. *Place of Birth*, (*Street and Number*) 762 St Peter st
5. *Full Name of Mother*, Mary A Kepler
6. *Mother's Maiden Name*, Hinternetch
7. *Mother's Birthplace*, Maryland
8. *Full Name of Father*, Wm H Kepler
9. *Father's Occupation* Tabor
10. *Father's Birthplace*, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Gross st

Remarks,

1 8 9 6 0 0 0 5 0 7 2

The Law. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, under oath or affirmation, by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In the case of the absence of a physician or practitioner or the inability of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, any such person or persons shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable. Penalty. Any practitioner who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 November
4. *Place of Birth, (Street and Number)* Columbia Ave. N 1249
5. *Full Name of Mother,* Louise Amanda Wenz
6. *Mother's Maiden Name,* " " Reitner
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* John Wenz
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W. Cross st

Remarks,

1 8 9 6 0 0 0 5 0 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 78433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 6 - 1896
4. Place of Birth, (Street and Number) 1305 Patapsco St
5. Full Name of Mother, Minnie Nagle
6. Mother's Maiden Name, Hinkell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Nagle
9. Father's Occupation Boxmaking
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible] Nagle

Address, 211 N Crowd

Remarks,

8960005074

Wm. J. C. Dulany Co., City Printers and Stationers.

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, date and place of birth, and the full name, residence and occupation of its parents. The date and place of birth, and the name of each child delivered, duly signed by the practitioner in the form of a certificate hereinafter prescribed, shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter prescribed, shall be delivered at the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the midwife or nurse shall within the first week after the birth of any child and every month to the office of the Commissioner of Health, to the manner and within the periods above specified. And the midwife or nurse shall likewise report the death of any child under her charge, within twenty-four hours after it shall occur without the attendance of a physician; and hereafter it shall become the duty of the person or parents of such child, if there be no midwife or nurse in attendance upon the mother, to report the birth and death of such child, in the manner and within the periods above specified. The penalties for violations of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 78434

GIVEN NAME ADDED 8-19-38

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Florence ~~Louise~~ Armiger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th Nov, 1896
4. Place of Birth, (Street and Number) #1136 Carroll St
5. Full Name of Mother, Ida F Armiger
6. Mother's Maiden Name, Ida F Thompson
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Wm J Armiger
9. Father's Occupation Builder
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Wm Burge

Address, 711 N Carey St

Remarks,

8960005075

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if one shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no person in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons shall furnish all the information in his, her or their possession. Any person who shall neglect to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Form 1230.]

RETURN OF A BIRTH. 78435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the preceding month, and shall set forth as far as the same can be ascertained by reasonable inquiry of its parents, the date and place of birth, and the sex, color and race of the child, the full name, residence, age and birthplace of each parent, and such other facts as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2d

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 6th November
4. *Place of Birth*, (*Street and Number*) #653 Lorman St
5. *Full Name of Mother*, Emma Heed
6. *Mother's Maiden Name*, Bliler
7. *Mother's Birthplace*, Howard County
8. *Full Name of Father*, Frederick Heed
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Wm Bunge

Address, 711 N. Grove St

Remarks,

8 9 6 0 0 0 5 0 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 1st 96
4. Place of Birth, (Street and Number) Baltimore City 1641 Eastlal 1st
5. Full Name of Mother, Lizie Müller
6. Mother's Maiden Name, Lizie Boisch
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Joseph Müller
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Mrs Father & Foster

Address, 1641 E Lanvale st

Remarks,

1 8 9 6 0 0 0 5 0 7 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name of its parents, the date and place of birth and the said schedule shall be delivered within one week after the end of each month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of any child, it shall be the duty of each physician or midwife who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: C. Ruth Jones

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~C. not of the~~ white ~~race~~)
3. Date of Birth, 7th November 1896
4. Place of Birth, (Street and Number) 1033 Johnson St or Riverside Ave
5. Full Name of Mother, Emma Jones
6. Mother's Maiden Name, Emma Pafer
7. Mother's Birthplace, Baltimore City. Md.
8. Full Name of Father, Thomas Gilton Jones
9. Father's Occupation Carpenter and Builder
10. Father's Birthplace, Baltimore City. Md.

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D.

Address, 914 N. Charles St.

Remarks,

1896000 5078

register of such birth, and shall enter the same on such blanks as may be furnished him or her for that purpose by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and if no birth shall have occurred during the month, then a report to that effect shall be made. The full name of each child born, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife in attendance at the birth, shall be entered in the form of a certificate between the first and third day of each and every month in the year. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no one be present at the birth immediately thereafter, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur within the period above required, and the said schedule shall be delivered, duly signed by the proper person, to the Commissioner of Health, or some one of his assistants, or any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 7 November
4. Place of Birth, (Street and Number) 1933 Richeson St.
5. Full Name of Mother, Minna Hufnagel
6. Mother's Maiden Name, Büdiger
7. Mother's Birthplace, Germany
8. Full Name of Father, Leonhard Hufnagel
9. Father's Occupation, Laboar
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Adolf. Wolfram.

Address.

Remarks, 8960005079

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained from the parents, the date and place of birth; and the name, sex, and color, the full name and residence of the parents, and the name and residence of the physician or midwife in attendance, if any. In case the birth is any child born after the passage of this act, it shall become the duty of the physician or midwife in attendance, if any, and in case there is no physician or midwife in attendance, then of the father or mother of such child, or the householder or owner of the premises where the birth occurs, to report the same to the Registrar of Vital Statistics, in the manner and subject to the penalties provided in this section for the neglect of physicians or midwives to report births. The full name of each child, if born alive, shall be reported within ten days after birth, and if born dead, within ten days after the occurrence. In case the birth is not reported within the time specified, the person whose duty it shall become to report the same shall be liable to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures as recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 8 November
4. Place of Birth, (Street and Number) 1443 Richerson st.
5. Full Name of Mother, Annie Lamb
6. Mother's Maiden Name, " Brogan
7. Mother's Birthplace, England
8. Full Name of Father, Thomas Lamb
9. Father's Occupation, Laboor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Duff. J. Mufroon,

Address, 1331 Hull st. Locust Point.

Remarks, 1896 0005080

Wm J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same in a book which shall be kept for that purpose, and shall contain a list of the births reported with the full name of each child, if it has been named, and shall set forth as far as the same can be ascertained the date and place of birth, the name, place of birth, residence and occupation of its parents, the date and number of the certificate of birth issued, and such other particulars as the Commissioner of Health may require. Every such register shall be open to inspection at all reasonable hours, and a duly certified copy of any entry therein shall be given by the registrar to any person applying therefor, and upon payment of the fee hereinafter prescribed. In case the birth of any child shall occur without the attendance of a physician or midwife, the householder in charge of the premises where such birth occurs shall within the period above required, and in like manner, report the same to the registrar, and in default thereof shall be subject to the penalties provided in this section for the neglect of a physician or midwife to report a birth. Every midwife or physician who shall attend upon the mother during her confinement shall be entitled to receive from the Commissioner of Health, in the manner and subject to the provisions of this section, a fee of twenty-five cents for each birth reported by him or her; and every midwife or physician who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 8 - 1896
4. Place of Birth, (Street and Number) 912 E. Fayette st.
5. Full Name of Mother Hannah Barron
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Joseph Barron
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. L. Bernstein

Address, 122 S. Exeter st.

Remarks, 8960005081

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall sign and deliver said schedule to the person charged with the duty of registering such birth, and shall furnish a list of the births which have occurred under his care during the month, and all such births shall be reported to the Commissioner of Health within ten days after the birth of any child. This shall set forth as far as the same can be ascertained from the parents, the date and place of birth, and the sex, color, and full name of each child, (if any shall have been named), and the full name and residence of the parents, and the name and residence of the physician in charge. It shall be the duty of the physician in the form of a certificate to report the birth of any child born dead after the seventh month of gestation. If no physician was present at the birth, said schedule shall be delivered, duly filled out, to the office of the Commissioner of Health, or should no other person be in charge of such schedule, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified. Any person who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1286.]

RETURN OF A BIRTH. 78441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)

1. *Sex*, (*state whether male or female*)
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*,
4. *Place of Birth*, (*Street and Number*) 1335
5. *Full Name of Mother*,
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*,
8. *Full Name of Father*,
9. *Father's Occupation*
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 6 0 0 0 5 0 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full names of its parents, the date and place of birth, and the number of each house in which a birth shall occur. Every physician or practitioner in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health, or such other person as he may designate for the purpose, which certificate shall contain the same information required in said schedule shall be delivered until the attendance of a physician or practitioner shall become the duty of the person or parents of such child or children, and every such physician or practitioner shall, within the period above required, report in like manner the birth at which he may be in attendance upon the mother, immediately after such attendance upon the mother, to the Commissioner of Health, in the manner and within the period above required. Every person required by this section to report the birth of any child to the Commissioner of Health, who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 78442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 21

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 9 - 96 9
4. Place of Birth, (Street and Number) 9 Marriott Ln.
5. Full Name of Mother, Anna Karsten
6. Mother's Maiden Name, Gerken
7. Mother's Birthplace, Germany
8. Full Name of Father, Adam Karsten
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Dr. L. Goodenbour

Address, 1 S. Paca St.

Remarks, 1 8 9 6 0 0 0 5 0 8 3

register of such birth, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. Such schedule shall contain a list or return of all births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, the sex, color and date of birth, and the full name and occupation of its parents, and a certificate between the first and third day of each and every month to the physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall have been in charge of the house at the time of such birth to report the same as above required, and such schedule shall be delivered, duly sighted by the proper officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such shall occur without the attendance of any physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such shall occur without the attendance of any physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such shall occur without the attendance of any physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child's birth to the Commissioner of Health. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78443

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st. 2d. 3d, &c.) 6.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 9 November
4. Place of Birth, (Street and Number) 134 West St.
5. Full Name of Mother, Kunigs Frank
6. Mother's Maiden Name, " Loeffler
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad Frank
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Rudolf Wagner

Address,

Remarks,

8960005084

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 10th 1896
4. Place of Birth, (Street and Number) 722 Griffiths Court
5. Full Name of Mother, Jennie Kahler
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Charles Kahler
9. Father's Occupation Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Eden st

Remarks.

1896 0005085

Baltimore under whose charge or supervision a birth shall occur, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name of such child, if any shall have been conferred) its sex, color, the full names of its parents, the date and place of birth, and the name and residence of the attendant; and shall be delivered by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case no such attendant shall be present, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 78445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 11 Nov
4. Place of Birth, (Street and Number) 1222 S Caroline Street
5. Full Name of Mother, Mary Annie Bartel
6. Mother's Maiden Name, Mary Annie Deer
7. Mother's Birthplace, [redacted] Balto Md
8. Full Name of Father, Peter David Bartel
9. Father's Occupation, Labor
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 7[illegible] N Castle [illegible]

Remarks,

6 9 6 0 0 0 5 0 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

1936.]

GIVEN NAME ADDED 1/19/16 RETURN OF A BIRTH. 78446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: KATHERINE ENGEL

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) F. E. Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 11th 1896

4. Place of Birth, (Street and Number) #1112 S Eutaw St

5. Full Name of Mother, Maggie Engel

6. Mother's Maiden Name, Maggie Heinicke

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Adam Engel [redacted]

9. Father's Occupation Merchant

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

+ 5 9 6 0 0 0 5 0 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 12th " of Nov 1896
4. Place of Birth, (Street and Number) 1713 Lansing ave
5. Full Name of Mother, Annie . C . Schmitker
6. Mother's Maiden Name, " " Dehler
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Henry . L . Schmitker
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, D. Drumm. Mid-wife

Address, 1625. Hopkins Ave.

Remarks, 8960005088

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 12th 1896
4. Place of Birth, (Street and Number) 915 E. Pratt st.
5. Full Name of Mother, Rachel Kasanowsky
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Joseph Kasanowsky
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

B 9 6 0 0 0 5 0 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

(M 1236)

RETURN OF A BIRTH. 78449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 12 1896
4. Place of Birth, (Street and Number) 1928 Jefferson Ave
5. Full Name of Mother, Mary E McLuckie Hamilton
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto
8. Full Name of Father, Samuel T McLuckie
9. Father's Occupation Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J T Spicknall M D

Address, 1911 Patterson Park Ave

Remarks,

8 9 6 0 0 0 5 0 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 1a.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race)
3. Date of Birth, November 13 th. 1900.
4. Place of Birth, (Street and Number) 1618 N. Gilmor Str.
5. Full Name of Mother, Frida Zimmelman
6. Mother's Maiden Name, Frida Lawrence
7. Mother's Birthplace, Germany
8. Full Name of Father, Ferdinand Zimmelman
9. Father's Occupation, Bäcker.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. D. Downes. Mid-wife

Address, 1625 Hopkins Ave.

Remarks, 8960005091

Wm J C. Dulany Co., City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 78451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 13
4. Place of Birth, (Street and Number) Baltimore md #413 N Fulton Ave
5. Full Name of Mother, Mary L Mathews
6. Mother's Maiden Name, Mary L Mills
7. Mother's Birthplace, Lewiston Gonnett co Ind
8. Full Name of Father, Spencer J Mathews
9. Father's Occupation Clerk
10. Father's Birthplace, Montgomery Co md

Name of Medical Attendant, or other person who makes this Return, Dr Baugh

Address, 413 N Fulton Ave

Remarks,

64600050 92

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall neglect to register the birth of any child, as required by this section, shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth Nov. 14th 1896
4. Place of Birth, (Street and Number) 1309 Lombard st.
5. Full Name of Mother Annie Fineman
6. Mother's Maiden Name, Fried Lauder
7. Mother's Birthplace, Europe
8. Full Name of Father Mendel Fineman
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs L. Bernstein

Address, 1122 S. Exeter st.

Remarks,

1 8 9 6 U 0 0 5 0 9 3

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of the father, the maiden name of the mother, the date and place of birth, and the name and residence of a physician or practitioner in midwifery, or of the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any person shall occur upon the premises of a hotel, boarding house, or other public institution, the keeper thereof shall be deemed the householder and within the period above required, and in like manner shall report to the Commissioner of Health the birth of such person, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Richard Bendall Fox

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 14th, 1896.
4. Place of Birth, (Street and Number) 1111 Cleveland Place
5. Full Name of Mother, Roberta B. Fox.
6. Mother's Maiden Name, Roberta B. Hopkins,
7. Mother's Birthplace, Harford Co. Md.
8. Full Name of Father, Enoch B. Fox
9. Father's Occupation Bookkeeper.
10. Father's Birthplace, England.

Name of Medical Attendant, or other person who makes this Return Wilmer Brinton, M.D.

Address, 1 W. Lexington & Cathedral Sts.

Remarks, COPY MADE ADDED 8 9 8 0 0 7 8 8 1 0 9 2 4

...ney Co., City Printers and Stationers.

...said return the full name and occupation of the reputed father of such child, if any shall have been acknowledged by him, and the maiden name and place of birth of the mother of such child, if the same can be ascertained by the person required to make such return. Every return of a birth shall be made out in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the nurse or other person in attendance upon the mother immediately thereafter, in the manner and within the period above required, and such nurse or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 14th 1896.
4. Place of Birth, (Street and Number) 1350 North Washington 2st.
5. Full Name of Mother, Margaretha L. Schleich
6. Mother's Maiden Name, Margaretha L Schlossler.
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry W. Schleich
9. Father's Occupation Tailor.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Dr. J. Foster

Address, 1611 E Lanvale st

Remarks,

1896000095095

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate, to the parents, the date and place of birth, and the ...third day of each and every month to the office of the Registrar of Vital Statistics, or should no other person be in ...shall occur without the attendance of a practitioner it shall become the duty of the person or parents of such ...attendance upon the birth, within three days thereafter, to report the same to the Registrar of Vital Statistics, and ...with such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 78455

GIVEN NAME ADDED 1/11/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: August F. MULLER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* Saturday 14 Nov. 1896
4. *Place of Birth, (Street and Number)* Baltimor 1430 Patapsco
5. *Full Name of Mother,* Emma Müller
6. *Mother's Maiden Name,* Emma Hänel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Alex. B. Müller
9. *Father's Occupation* Cementer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bauer

Address, 7 N. Ann St

Remarks,

1896 00 05096

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 15th 1896
4. Place of Birth, (Street and Number) 202 S. Exeter st.
5. Full Name of Mother, Regina Fruchen
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Joseph Fruchen
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1 8 9 6 0 0 0 5 0 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

SEC. 2. Be it further enacted, That the full name and occupation of its parents, the date and place of birth of every child born within the limits of Baltimore City after the passage of this ordinance, and the number of children born to the mother previous to the birth of such child, shall be reported to the Commissioner of Health. In case the birth of any child shall occur within the limits of Baltimore City after the passage of this ordinance, and the parents of such child shall neglect or refuse for the space of ten days after the birth of such child to report its birth to the Commissioner of Health, the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such family where the birth occurred, and with whom the said child shall reside, to report the birth of such child to the Commissioner of Health, and to comply with the provisions of this section shall be established by the production of the said schedule that he delivered, duly signed by the practitioner in charge, a certificate of birth, and the third day of each and every month thereafter, a like certificate of each and every birth which shall occur within the limits of Baltimore City during the preceding month; and in default of such delivery as aforesaid he shall be liable to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable by law.

RETURN OF A BIRTH. 78457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White Race.
3. Date of Birth, Nov. 15/96
4. Place of Birth, (Street and Number) No 1618 Marshall Ave.
5. Full Name of Mother, Henrietta Hamilton.
6. Mother's Maiden Name, Cochman.
7. Mother's Birthplace, Balto Co. Md.
8. Full Name of Father, Harry Hamilton.
9. Father's Occupation Fireman.
10. Father's Birthplace, Delaware.

Name of Medical Attendant, or other person who makes this Return, Annie Jeans.

Address, No 1603 S. Charles St.

Remarks, Yours Respectfully,

8460005098

Wm. C. Dulany Co., City Printers and Stationers

said midwife shall be delivered, duly signed by the Practitioner in the form of a certificate to be given by the Registrar, and shall occur within the limits of the City of Baltimore, between the first and fifth day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner midwife, or should no other person be in attendance upon the mother at the time of the birth, it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16 November
4. Place of Birth, (Street and Number) 1410 Hull St
5. Full Name of Mother, Bertha Allen
6. Mother's Maiden Name, " Penard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Allen
9. Father's Occupation, Stevedore
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Kelly Mahrenholz

Address, 1331 Hull St

Remarks, Katherine Mahrenholz

18960005099

Wm J C Dulany Co., City Printers and Stationers.

Every child shall be delivered, daily signed by the physician of its parents, the date and place of birth shall have been registered with the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in attendance upon the mother, or the father of the child, or one of the parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236]

RETURN OF A BIRTH. 78459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 16 1896
4. Place of Birth, (Street and Number) 15-21 Wilmer Alley.
5. Full Name of Mother, Mary Hardin
6. Mother's Maiden Name, Mary Powell
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, Charles Hardin
9. Father's Occupation Laborer
10. Father's Birthplace, Prince George Co Md.

Name of Medical Attendant, or other person who makes this Return. R. Fields

Address, Md. Homeo. Hospital. City.

Remarks,

+ 8960005100

said, or other) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of such child (whether first, second, third, or other child born of the mother), and the name and residence of the physician or midwife in attendance upon the mother, immediately after the birth of such child, or if there be no physician or midwife in attendance, then the name and residence of the person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 18460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 17 November
4. Place of Birth, (Street and Number) 1337 Hull St.
5. Full Name of Mother, Bertha Horst
6. Mother's Maiden Name, Holland
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Casper Horst
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wolf. Myers.

Address, 1331 Hull St.

Remarks, 18960005101

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th,

1. Sex, (state whether male or female) Male
   Name John Louis Stone
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 17th, 1896.
4. Place of Birth, (Street and Number) 1223 Valley St.
5. Full Name of Mother, Ella Stone
6. Mother's Maiden Name, Ella Eppler
7. Mother's Birthplace, Harrisburg, Pa.
8. Full Name of Father, John L. Stone
9. Father's Occupation Coal Dealer
10. Father's Birthplace, Westminster, Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, S. W. Cor. Calvert & Preston Sts.

Remarks, 8 9 6 0 0 0 5 1 0 2

Every midwife, or other person who shall assist at the birth of a child, or have the care of it or of its mother during the time of its delivery, shall, within ten days after the birth of such child, if born alive, and within ten days after the third day of such birth if such child be born dead, report to the Commissioner of Health, in the manner and form by him prescribed, the name and residence of the mother, the sex, color, the full name and occupation of the father, the date and place of birth, and the name and residence of the physician in attendance, if there was one, and the midwife who delivered, duly signed by the practitioner in the case, or certificate between the first and third days of each month thereafter, as may be required by the Commissioner of Health. If there be no midwife or practitioner in attendance at the birth, the father or mother of such child shall report the same to the Commissioner of Health, in the manner and form above required, and shall also report the name and residence of the person who shall have the care of such child during the first ten days after its birth. Every midwife, or other person who shall neglect or refuse to report as herein required, or who shall report falsely, or who shall neglect or refuse to comply with the provisions of this section in any particular, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 17 November
4. Place of Birth, (Street and Number) 1439 ~~Fitz~~ Richerson st
5. Full Name of Mother, Louise Schwanke
6. Mother's Maiden Name, " Völker
7. Mother's Birthplace, Germany
8. Full Name of Father, Wilhelm Schwanke
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dolf. Mfgnn

Address, 1331 Hull St.

Remarks, 8960005103

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d/11

1. Sex, (state whether male or female) ~~female~~ Male
2. Race or Color, (if not of the white race) white race
3. Date of Birth, Wednesday Nov. 18 1891
4. Place of Birth, (Street and Number) at No 1108 W Register st
5. Full Name of Mother, Bertha Mechem
6. Mother's Maiden Name, Bertha Brandt
7. Mother's Birthplace, Germany
8. Full Name of Father, George Mechem
9. Father's Occupation, ~~Tin Worker~~ Lock Smith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. D. Drewes. Mid. avile

Address, Hopkins Ave 1625.

Remarks,

8960005104

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person who shall be delivered, duly signed by the practitioner in the case of births attended by a practitioner, and by the parent or parents, the date and place of birth, and the third day of each month thereafter, a report of cases of births which have occurred within that time, and which shall occur without the attendance of a practitioner, to the office of the Commissioner of Health, in the case of births between the first and attendance upon the mother, immediately thereafter, or should no other person be in attendance, then by the parent or parents, or in default of the parent or parents, by the householder of the premises where such birth occurred, shall forthwith report such birth to the Commissioner of Health, in the manner and with the particulars required, and any such person who shall neglect or refuse to make such report, or shall wilfully report falsely, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-3-67

RETURN OF A BIRTH. 98464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: AGNES FITZER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 8th 1900
4. Place of Birth, (Street and Number) 1611 Lemmon St
5. Full Name of Mother, Mary E Fitzer
6. Mother's Maiden Name, " " Myers
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Geo F Fitzer
9. Father's Occupation Carpenter
10. Father's Birthplace, Williamsport Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Bertha Weinhardt

Address, N. Prat. st. 1631. Baltimore Md.

Remarks,

1896 0005105

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19th Nov. 1896
4. Place of Birth, (Street and Number) 25 N Chester St
5. Full Name of Mother, Martha McC Clintock
6. Mother's Maiden Name, Reid
7. Mother's Birthplace, Philadelphia Pa.
8. Full Name of Father, Robert McC Clintock
9. Father's Occupation, Rail Road Supervisor
10. Father's Birthplace, State of Delaware

Name of Medical Attendant, or other person who makes this Return, Ch. Irons M.D.

Address, 1835 E. Baltimore

Remarks,

8960005106

been conferred; its sex, color, the full name and occupation of its parents, the full name of each child, if any shall have been born previously, and the number of children the mother has had; and the time of birth; and the third day of each month all returns of births received during the preceding month shall be delivered, duly signed by the practitioner in the form of certificate last above given, and the shall occur without the city limits, or if there be no such practitioner in attendance upon the mother, immediately thereafter, to the office of the Commissioner of Health. In case the birth shall occur without the city limits, or if there be no such practitioner in attendance upon the mother, immediately thereafter, the person or parents of such child is born, is required to report its birth to the Commissioner of Health, in the manner and within the time required, and such person shall be entitled to receive from the Commissioner of Health a certificate of such birth. Any person who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Baltimore Nov. 19/96
4. *Place of Birth, (Street and Number)*	416 E. York St. Baltimore
5. *Full Name of Mother,*	Clara Smith
6. *Mother's Maiden Name,*	Clara Brenner
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Jack Smith
9. *Father's Occupation*	Cutter
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs Sena Barba
Address,	41 E. York Street Balto
Remarks.	

5960005107

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White Race.
3. Date of Birth, Nov. 1892.
4. Place of Birth, (Street and Number) No. 11 N. Bassway.
5. Full Name of Mother, Annie Raymond
6. Mother's Maiden Name, " Whale.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Raymond
9. Father's Occupation Laborer.
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return Annie Kenna.

Address, No 1603 E. Charles St.

Remarks, Yours Respectfully

1 8 9 6 0 0 0 5 7 0 8

Every case of birth occurring in Baltimore City shall be reported by the practitioner in the first visit, the date and place of birth, and the name, sex and color of the child, and the full name, residence and occupation of the parents, if known, and the attendance without the attendance of a physician or practitioner of midwifery, or if there is no other person to be in attendance, it shall be the duty of the owner or agent of the house in which any such child is born, or the person having charge of the same, to report the birth of any child to report its birth to the Commissioner of Health. In case the birth of any child to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 78468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore November 20 1896
4. Place of Birth, (Street and Number) 136 N Exeter St Balto.
5. Full Name of Mother, Eva Shapiro
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Myer Shapiro
9. Father's Occupation Paints Mixer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Sara Barber

Address, 46 E. Lee St. Balto

Remarks,

1896000510 9

Wm. J. C. Dulany Co., City Printers and Stationers.

All births occurring in Baltimore City shall be registered by the attending physician or midwife, or if there be none in attendance, by the father, householder, or owner of the premises where the birth occurs, within ten days after the occurrence thereof, and the physician or midwife shall, on or before the first day of each and every month, deliver to the Registrar of Vital Statistics, or leave at his office, a certificate in the form of the schedule hereto annexed, containing the name, residence and occupation of the parents, the date and place of birth of each child born during the preceding month, which certificate shall be signed by the attending physician or midwife, or if there be none in attendance, by the father, householder, or owner of the premises where the birth occurs, within ten days after the occurrence thereof, and the physician or midwife shall, on or before the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become and be the duty of the parent or parents of such child to report the birth within the time and in the manner above specified. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, ~~&c.~~) .....

1. Sex, (~~state whether male or~~ female) .....
2. Race or Color, (~~if not of~~ the white ~~race~~) .....
3. Date of Birth, November 22nd 1896
4. Place of Birth, (Street and Number) # 544. W Lee St
5. Full Name of Mother, Mary M. Copes
6. Mother's Maiden Name, Mary M Gallup
7. Mother's Birthplace, Maryland
8. Full Name of Father, Miles R. Copes
9. Father's Occupation Shoe Laster in Shoe Factory
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D.

Address, 914 N. Charles St.

Remarks, ...

1 8 9 6 0 0 0 5 1 1 0

said schedule shall be delivered, duly signed by the practitioner in charge of the case, if any shall have attended upon the mother during her confinement, or if not, by the mother, father or other person present at the birth, within ten days after the birth; and the father or mother, or other person having charge of any child born without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth of such child, then the father or mother, as the case may be, shall be required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

CERTIFICATE CORRECTED 10-13-54

RETURN OF A BIRTH. 78470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Gohlke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White race
3. Date of Birth, 1896- Oct. 23rd
4. Place of Birth, (Street and Number) 104½ Ridgely St. Baltimore
5. Full Name of Mother, Mary Gohlke
6. Mother's Maiden Name, Mary Volz
7. Mother's Birthplace, Germani
8. Full Name of Father, Julius Frank Gohlke
9. Father's Occupation Wheelright
10. Father's Birthplace, Germani

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 714 S. Gross

Remarks,

B 9 6 0 0 0 5 1 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be registered, duly signed by the mother of its parents, the date and place and place of birth, and the name, if any, of the child, within five days after such birth, and every such birth which shall occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child not be registered within the time above required, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health as in this section provided, within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten ($10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Novenber 5 1876
4. Place of Birth, (Street and Number) 121 Berry st Baltimore Md
5. Full Name of Mother, Morry Smith
6. Mother's Maiden Name, Morry Harpan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Smith
9. Father's Occupation, Bot maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Florence B Thater

Address, 932 Warner st City

Remarks,

1896000511 2

... shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter directed, and the third day of each and every month. Provided, however, that no certificate of any birth shall occur without the attendance of a physician or midwife, or if there be no physician or midwife in attendance upon the mother, immediately thereafter it shall be the duty of the person in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

... PULLEN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 1st

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 14 of November 1896
4. *Place of Birth, (Street and Number)* No 4 of November 189[illegible]
5. *Full Name of Mother,* Ella Houchins
6. *Mother's Maiden Name,* Kate Deninger
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father,* Herbert R Houchins
9. *Father's Occupation.* Druggist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C L Lauer

Address, No 1054 Harford Ave

Remarks. Bell Ind

8960005143

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 23 of November 1896
4. Place of Birth, (Street and Number) No 612 Constitution St
5. Full Name of Mother, Kate A Quill
6. Mother's Maiden Name, Kate Logan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas A Quill
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Chas Lassen

Address, No 1054 Harford Ave

Remarks, Bal. Md

8 9 6 0 0 0 5 1 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the mother or nurse in charge shall report the birth in like manner and within the period above required, and in default of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* November 23 1896
4. *Place of Birth, (Street and Number)* 1167 Hanover St
5. *Full Name of Mother,* Sarah Pollock
6. *Mother's Maiden Name,* Sarah Bowers
7. *Mother's Birthplace,* Newton, N. Carolina
8. *Full Name of Father,* H. Pollock
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Newton, North Carolina

Name of Medical Attendant, or other person who makes this Return, Charles E. Evans

Address, 710 Leader Hall St. Balto. Md.

Remarks,

1896 0005115

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1-

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 24, 1896, 9.10 a.m.
4. Place of Birth, (Street and Number) 143a Johns St.
5. Full Name of Mother, Martha Matilda Morse Gordon
6. Mother's Maiden Name, Martha Matilda Morse
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Grant Gordon
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Dr. Belle Brewster M.D.

Address, 1027 Madison Ave.

Remarks,

1896 0005116

said schedule shall be delivered, duly signed by the physician or midwife present at the birth, or by the parent or parents, the date and place of birth and the sex of each child born alive, as the case may be. Such certificate between the first and third days of each month to the office of the Commissioner of Health. If none of the above persons be in attendance upon the mother, then the father or mother of such child, or the occupier of the house in which the birth of any child shall occur, shall within five days after the birth of such child, report the birth to the Commissioner of Health, and shall become the duty of the person or persons so in attendance upon the mother, and of the father or mother as aforesaid, to report to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ...

1. Sex, (state whether male or female) ... Male
2. Race or Color, (if not of the white race) ... White
3. Date of Birth. ... The 25 of November 1926
4. Place of Birth, (Street and Number) ... No 1926 E. Preston St
5. Full Name of Mother, ... Ella Rice Lloyd
6. Mother's Maiden Name, ... Ella Rice Bowles
7. Mother's Birthplace, ... Baltimore
8. Full Name of Father, ... William C. Lloyd
9. Father's Occupation ... Life Insurance Agent
10. Father's Birthplace, ... New York

Name of Medical Attendant, or other person who makes this Return. ... Austin O. Lauer

Address, ... No 1059 Laurel Ave

Remarks. ... Balt. Md.

1 8 9 6 0 0 0 5 1 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each calendar month to the office of the Commissioner of Health, or should no other person who shall be in attendance at a birth report the same within the period above required, and shall neglect upon the mother, immediately after the birth, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 16th Nov. 1896.

4. *Place of Birth, (Street and Number)* #415 N. Hadiana Rear, Balto.

5. *Full Name of Mother,* Mrs Ricka Kifer

6. *Mother's Maiden Name,* Ricka Quigg

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Mr. Augustus Kifer

9. *Father's Occupation* Painter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Foster

Address, #611 S. Patterson Pk. Ave. Balto. Md.

Remarks,

18960005118

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2 d.

1. Sex, (*state whether male or female*) Male.
2. Race or Color, (*if not of the white race*) White.
3. Date of Birth, Jan. 16th 1916.
4. Place of Birth, (*Street and Number*) 2235 Aisquith St. Balto.
5. Full Name of Mother, Mrs. Mollie Carey
6. Mother's Maiden Name, " " Carey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr. Michael Carey
9. Father's Occupation Bailiff.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Mrs. Mary M. Taylor

Address, 1611 E. Patterson Pk. Ave. Balto. Md.

Remarks, 1 8 9 6 0 0 0 5 1 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 22nd 1896
4. *Place of Birth, (Street and Number)* #2502 [illegible] St. Balt.
5. *Full Name of Mother,* Mrs Katie [illegible]
6. *Mother's Maiden Name,* " Katie. F[illegible]
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mr. Sebastian [illegible]
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. [illegible]

Address, #[illegible] Balt. Md.

Remarks, 1 8 9 6 0 0 0 5 1 2 0

[illegible] the date and place of birth; and the [illegible] fully signed by the practitioner in the form of a certificate between the first and [illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 78480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 1st 96
4. Place of Birth, (Street and Number) 16 East Fargant st
5. Full Name of Mother, Anna Thompson
6. Mother's Maiden Name, Anna Bealer
7. Mother's Birthplace, Balto
8. Full Name of Father, John Thompson
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jno. Mary E. Bentley

Address, 229 S Paca st

Remarks, Child living

+ 8 9 6 0 0 0 5 1 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 thm November
4. Place of Birth, (Street and Number) 607 Eastern St.
5. Full Name of Mother, Elise Schierlein
6. Mother's Maiden Name, = Bauermeister
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Schierlein
9. Father's Occupation Cabeln
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs E. Weiss

Address, 613 port St.

Remarks.

1896 0005122

Wm. J. C. Dulany Co., City Printers and Stationers.

The Practitioner in the form of a certificate between the first and the 5th day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner at the time, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person so neglecting or refusing shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable. Subject to the fine of ten (10) dollars for each offence.

RETURN OF A BIRTH. 78482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th 1896
4. Place of Birth, (Street and Number) 1322 Lancaster St.
5. Full Name of Mother, Lizzie Tully
6. Mother's Maiden Name, Lizzie Bell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Emory Tully
9. Father's Occupation Laborer
10. Father's Birthplace, Alabama

Name of Medical Attendant, or other person who makes this Return, Wm. H. Fisher

Address, 2215 Lanvale St

Remarks, Dely.

8960005123

Wm. J. C. Dulany Co., City Printers and Stationers.

This Return shall be delivered, duly signed by the practitioner or by the person or one of the parents, the date and place of birth of the child as stated above, to the Registrar of the district within which the birth shall occur within ten days after such occurrence, and every month to the office of the Commissioner of Health, in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, time of delivery, of a physician or practitioner of midwifery, it shall be the duty of the person in attendance upon the mother, time of delivery, of a physician or practitioner of midwifery, it shall be the duty of the person in charge of the house in which the birth occurs, or of the mother, if she be able, to report its birth to the Commissioner of Health. It shall become the duty of the person or persons in charge of any institution, hotel, boarding house, lodging house, or tenement house, in which a birth occurs, to report the same to the Commissioner of Health. It shall be the duty of the parents, and in the absence of the parents, of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 of Nov.
4. Place of Birth, (Street and Number) Eastern Ave
5. Full Name of Mother, Elise Bauer
6. Mother's Maiden Name, = Bauer
7. Mother's Birthplace, Balto =
8. Full Name of Father, John Bauer
9. Father's Occupation Saloonkeeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss

Address, 613 port St.

Remarks,

8960005124

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 of November
4. *Place of Birth, (Street and Number)* 2609 Eastern Ave.
5. *Full Name of Mother,* Mary Renschler
6. *Mother's Maiden Name,* = Grossmann
7. *Mother's Birthplace,* Württenberg (Germ)
8. *Full Name of Father,* Adam Renschler
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Württenberg (Germ)

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss

Address, 613 Post St.

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 78485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 9 th

1. Sex, (*state whether male or female*) Female
2. Race or Color, (*if not of the white race*) Colored
3. Date of Birth, Nov 4th 96
4. Place of Birth, (*Street and Number*) 1364 Chatsworth St
5. Full Name of Mother, Ida Summerville
6. Mother's Maiden Name, Ida Jenifer
7. Mother's Birthplace, Hollywood St Marys Co Md
8. Full Name of Father, James Henry Summerville
9. Father's Occupation Hod Carrier
10. Father's Birthplace, Hollywood St Marys Co Md

Name of Medical Attendant, or other person who makes this Return, Brown M.D

Address, 1209 Chestnut St

Remarks,

1 8 9 6 0 0 0 5 1 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 8th 1896
4. *Place of Birth, (Street and Number)* 336 Rose St.
5. *Full Name of Mother,* Margt Hetin
6. *Mother's Maiden Name,* Margt Lutz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jno Hetin
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Jno Hamilton M.D.

Address, 2225 Druid St.

Remarks,

B 960005127

Sec. 5. Be it further enacted, That it shall be the duty of the parents, the physician, midwife, or other person in attendance upon the mother, to make a return of every birth to the Registrar of Vital Statistics within ten days after the birth, and the Registrar shall be entitled to receive from the parents, physician, midwife, or other person in attendance upon the mother, the sum of twenty-five cents for every birth so returned and registered by him. Any physician, midwife, or other person who shall neglect or refuse to make such return as aforesaid, shall forfeit and pay the sum of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Sec. 6. Be it further enacted, That no certificate of birth shall be delivered, duly signed by the Registrar, the date and place of birth, and the name, if any, of the child entered, until the return of the physician, midwife, or other person in attendance upon the mother, as provided in the fifth section of this Act, shall have been received at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if there be no other person in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 78487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Nov 9 1896
4. Place of Birth (Street and Number), 259 N Franklin
5. Full Name of Mother, Louisa Decker
6. Mother's Maiden Name, Louisa Mist
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Harry E Decker
9. Father's Occupation, Laborer
10. Father's Birthplace, York Pa

Name of Medical Attendant, or other person who makes this Return. W. D. Thomas, M.D.

Address, 6 Carrollton Ave

Remarks, Please send M.C. envelope

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...ol e Publishing Co., City Printers and Stationers

1236.]

RETURN OF A BIRTH. 78488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov th 10, 1896.
4. *Place of Birth, (Street and Number)* 1620 Chapel St
5. *Full Name of Mother,* Lizzie Sasak
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemaine
8. *Full Name of Father,* John Sasak
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Bohemaine

Name of Medical Attendant, or other person who makes this Return, Mary Kopitsh

Address, 205 N Washington St

Remarks,

1896 0005129

Wm. J. C. Dulany Co., City Printers and Stationers.

week (or other), its sex, color, the full name and occupation of its parents, the date of such child. If any shall have said child die before said return shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter provided, and the time, cause and place of death of such child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed, and all persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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over

RETURN OF A BIRTH. 78489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name William George Schmidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10ten

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 November
4. Place of Birth, (Street and Number) 2214 E. Lexington St
5. Full Name of Mother, Lina Schmidt
6. Mother's Maiden Name, Nee Breitenbach
7. Mother's Birthplace, Diepenhausen, Hanover
8. Full Name of Father, Georg Schmidt
9. Father's Occupation Butcher
10. Father's Birthplace, Ost Friesland

Name of Medical Attendant, or other person who makes this Return, Anna Benthelt

Address, 1917 W. Pratt St.

Remarks,

1896 00 05130

Wm. J. C. Dulany Co., City Printers and Stationers.

Sold otherwise than as herein specified, or any person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-9-56

RETURN OF A BIRTH. 78490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Magdaline Mary Hensler 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 17th 1926
4. Place of Birth, (Street and Number) 528 E. Lanvale St
5. Full Name of Mother, Esther Hensler
6. Mother's Maiden Name, Esther Eisele
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward J. Hensler
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Dorsey E. Sweeney

Address, 2225 Linden Ave

Remarks,

1 8 9 6 0 0 0 5 1 3 1

This day of each and every month to the office of the Commissioner of Health, at such place as he may designate, the date and place of birth; and the name, if given, of each child born within the city limits during the month preceding; and the Commissioner of Health shall cause no other person to be in attendance upon the mother, immediately after the birth, than a physician or practical nurse, who shall become the duty of the person or parents of such child to report its birth as herein required, and in default thereof, each person so offending shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Nicholas Appel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 Nov 42
4. Place of Birth, (Street and Number) 2041 [illegible]
5. Full Name of Mother, [illegible] Appel
6. Mother's Maiden Name, [illegible] White (Katz)
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Nicholas Appel
9. Father's Occupation Tailor
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible] Bruns

Address, [illegible] N Chester St

Remarks.

1 8 9 6 0 0 0 5 1 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex. (state whether male or female) Male
2. Race or Color. (if not of the white race) White
3. Date of Birth, Nov 12 1896.
4. Place of Birth, (Street and Number) 1822 Eyrd St
5. Full Name of Mother, Lulu Powell
6. Mother's Maiden Name, " Streb
7. Mother's Birthplace, Balto md
8. Full Name of Father, John Robert Powell
9. Father's Occupation, Tinner
10. Father's Birthplace, Harrisburg Pa

Name of Medical Attendant, or other person who makes this Return. Edwd C Roth

Address. 1647 Hanover St

Remarks,

1896 0005133

Wm J. C. DULANY CO CITY PRINTERS AND STATIONERS.

Every physician, midwife, or other person who shall attend upon any birth, shall, within ten days after such birth, report to the Registrar of Vital Statistics, at the office of the Commissioner of Health, the full name and occupation of each parent of any living child born, the time and place of birth, the full name and occupation of its parents, the date and place of birth of any child born dead after the fifth month of pregnancy, and the full name and residence of the undertaker who shall have charge of the burial of such child; such report to be made in the form of a certificate between the date of the birth and the first visit to the mother, infant or stillborn child, and to be signed by the attendant upon the mother, infant or stillborn child. In case the birth of any child shall occur without medical attendance, or if the attendant be a physician or practitioner of midwifery, then it shall be the duty of the father of such child to report its birth to the Commissioner of Health, and it shall become the duty of the person or other person be in charge of the premises where any stillborn child may be found, to report the same to the Commissioner of Health. Any person who shall neglect or refuse to make such report as herein required, shall be guilty of a misdemeanor and upon conviction thereof shall be subject to a fine of not less than five dollars for each offense, to be recovered as other fines and forfeitures are recoverable

1236.]

RETURN OF A BIRTH. 78493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Nov. 4th 1896.
4. Place of Birth, (Street and Number) 117. Chapel St.
5. Full Name of Mother, Sophia Schecky.
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemania.
8. Full Name of Father, Joe Schecky.
9. Father's Occupation Tailor.
10. Father's Birthplace, Bohemania

Name of Medical Attendant, or other person who makes this Return, Mary Kopitsik

Address, 205 N Washington St.

Remarks,

18960005134

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall not be delivered duly signed by the attendant upon the mother, immediately thereafter it shall become the duty of the person or persons residing in the house where such birth occurs, or in which the mother usually resides, to report such birth to the Commissioner of Health. In case a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons residing in the house where such birth occurs, or in which the mother usually resides, to report such birth to the Commissioner of Health. In case the birth of any child shall not be reported as above required, it shall be the duty of the Commissioner of Health to cause the birth of any child to be registered upon the information of the parents, the date of birth of which is between the first and third day of each and every month, and within ten days thereafter. Any person who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Apr 14 1896
4. *Place of Birth, (Street and Number)*	Calverton — City
5. *Full Name of Mother,*	Mary Gould
6. *Mother's Maiden Name,*	Purnell
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Elias R.L. Gould
9. *Father's Occupation,*	Professor
10. *Father's Birthplace,*	Canada
Name of Medical Attendant, or other person who makes this Return,	H M Watson
Address,	1008 Mad Ave
Remarks,	

1896000 05135

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 78495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 14, 1896.
4. Place of Birth, (Street and Number) 329 Bantlow St
5. Full Name of Mother, Lily Arnold
6. Mother's Maiden Name, Lily Hazzard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Francis Arnold.
9. Father's Occupation Teamster.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 6 0 0 0 5 1 3 6

and schedule shall be delivered, duly signed by the person giving the information, to the Commissioner of Health. In case the birth of any child shall occur within the limits of the City of Baltimore, and no certificate between the first and third day of each and every month, a like return shall be made to the Commissioner of Health. In case the birth of any child shall occur within the limits of the City of Baltimore, and no certificate between the first and third day of each and every month, a like return shall be made to the Commissioner of Health. In case the birth of any child shall occur within the limits of the City of Baltimore, and no certificate of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the occupant of the house in which such birth occurs within the space of ten days next after the birth of such child, to report its birth to the Commissioner of Health, and the Commissioner may require any such person or persons to make oath to the truth of the facts required to be reported. Any person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of forty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First One

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Nov 15th 1896
4. Place of Birth, (Street and Number) 154 Old York Road
5. Full Name of Mother, Mrs Annie Mary Lynch
6. Mother's Maiden Name, Miss Annie Kohler
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Edward Lynch
9. Father's Occupation, Conductor B. T. Ry
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. Francis Blakeley

Address, 114 Old York Road Phoenix

Remarks, 8 9 6 0 0 0 5 1 3 7 Md

Wm. J. C. Dulany Co., City Printers and Stationers.

Each day of each and every month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practitioner of medicine, the owner or occupant of the house in which such child is born, or the mother, immediately thereafter, if able, shall become the duty, or should no other person be in attendance within ten days after the birth, it shall become the duty of such person to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78497

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 16 - 1896
4. *Place of Birth, (Street and Number)*	400 Cathedral St
5. *Full Name of Mother,*	Emily O'Sullivan
6. *Mother's Maiden Name,*	Emily Perkins
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	M. W. O'Sullivan
9. *Father's Occupation,*	Lawyer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	E. F. Mitchell
Address,	115 W Franklin
Remarks,	

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1896 0005138

JOHN B. PICT, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 78498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 16
4. Place of Birth, (Street and Number) 1012 Clifton Place
5. Full Name of Mother, Mary Hildebrandt
6. Mother's Maiden Name, Mary Hartman
7. Mother's Birthplace, Balto
8. Full Name of Father, Bernard J. Hildebrandt
9. Father's Occupation, Printer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

1896 0005139

Wm. J. C. Dulany Co., City Printers and Stationers.

Child may be registered, duly signed by the practitioner in the form of a certificate herein provided, and the fact reported within the time specified in the first and second sections of this article, and no other person shall be liable to any penalty for failure to register such birth or report the same, unless after notice from the Commissioner of Health, he shall refuse or neglect to comply with the provisions of this section; and shall pay such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 16
4. Place of Birth, (Street and Number) 911 Hutchings Lt
5. Full Name of Mother, Mary [redacted] Hussey
6. Mother's Maiden Name, Mary Geraghty
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michael Hussey
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

8960005140

Wm J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife, or other person who shall attend upon the birth of any child, shall report the birth to the Commissioner of Health, and become the duty of the person or persons who shall neglect to report the birth of any child as aforesaid, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. 17th Nov 1896
4. Place of Birth, (Street and Number) 2057 Hanover Street
5. Full Name of Mother, Matilda Hartline
6. Mother's Maiden Name, " Vetter
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Hartline
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas Brooks

Address, 1828 Light Street

Remarks, Doing Well.

8960005141

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78501

GIVEN NAME ADDED 8-12-70

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Justina ~~BERG~~ MAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 m 12 46
4. Place of Birth, (Street and Number) 1402 E Chester
5. Full Name of Mother, Kate Bergman
6. Mother's Maiden Name, Wittner
7. Mother's Birthplace, Germany
8. Full Name of Father, Simon Bergman
9. Father's Occupation Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs E Bruns

Address, 1402 E Chester

Remarks,

1 8 9 6 0 0 0 5 1 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, or person other than a physician or practitioner in the form of a certificate between the first and third day of each and every month of a birth which shall occur without the city, immediately thereafter, it shall become and within the period above required, and attendance upon the mother, in like manner and within the period above required, and child or children born, and the sex, color and parentage of each child, and the name and residence of the physician, midwife or other person in attendance upon such birth to the Commissioner of Health, and the name and residence of the person or parents of such any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 78502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 18. 1896.
4. *Place of Birth, (Street and Number)* 205. N Washington St
5. *Full Name of Mother,* Sophia Becker.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Becker.
9. *Father's Occupation* Bartender
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Koptish

Address, 205 N Washington St.

Remarks,

1 8 9 6 0 0 0 5 1 4 3

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 78503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 16th 1896.
4. Place of Birth, (Street and Number) 209 Cheapside St.
5. Full Name of Mother, Sophia Blazek
6. Mother's Maiden Name,
7. Mother's Birthplace, Germaine
8. Full Name of Father, John Blazek
9. Father's Occupation Tailor
10. Father's Birthplace, Germaine

Name of Medical Attendant, or other person who makes this Return, Mary Kapitola

Address, 205 N Washington St

Remarks,

1896 0 05144

Wm. J. C. Dulany Co., City Printers and Stationers.

and each life shall be delivered, duly signed by the practitioner in attendance or the person making the return of the birth of any child as such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1286.]

RETURN OF A BIRTH. 78504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 15th 1896
4. Place of Birth, (Street and Number) 32 Lauder ave East
5. Full Name of Mother, Angelika Malishefski
6. Mother's Maiden Name, Angelika Lemitska
7. Mother's Birthplace, Russia
8. Full Name of Father, John Malishefski
9. Father's Occupation Lauder
10. Father's Birthplace, Rhodesia

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1896U005145

Wm. J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, at the office of the Commissioners of Health, within one month after the birth, and if such birth shall occur without the attendance of a physician or midwife, or should no other person be required, and shall occur upon the mother, immediately on the expiration of the third day of such birth, in the manner and with the particulars by this section required, and shall occur upon the mother, immediately on the expiration of the third day of such birth, in the manner and with the particulars by this section required, and child to report its birth to the Commissioners of Health, in the manner and within the time aforesaid, the person so neglecting or refusing to comply with the provisions of this section shall be subject to the payment of a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 78505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 18 - 1896
4. Place of Birth, (Street and Number) 1015 Low St
5. Full Name of Mother, Jane Leopman
6. Mother's Maiden Name, Joffe
7. Mother's Birthplace, Russia ~~Pennsylvania State~~ Hershon or State
8. Full Name of Father, Sam Leopman
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Russia Pennsylvania State

Name of Medical Attendant, or other person who makes this Return, H. Flinder

Address, 143 N. Front St

Remarks,

1896000514 6

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and any such person neglecting or refusing for the period aforesaid to report such birth to the Commissioner of Health, as herein required, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth*	Nov. 15th 1896.
4. *Place of Birth, (Street and Number)*	1504 N. Dallas St.
5. *Full Name of Mother*	Daisy Patterson Sprague.
6. *Mother's Maiden Name*	Daisy Patterson.
7. *Mother's Birthplace*	Jersey City N. J.
8. *Full Name of Father*	George W. Sprague.
9. *Father's Occupation*	Engineer.
10. *Father's Birthplace*	South Amboy N. J.
Name of Medical Attendant, or other person who makes this Return	A B Green M. D.
Address	1340 Ausgusta St.
Remarks	

1896 0005147

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician, midwife or other person in charge of any case of birth, and the father or mother of any child born, shall, within ten days after such birth, report to the Registrar of Vital Statistics, at the office of the Commissioner of Health, the name and place of birth and the other facts required by the Commissioner of Health, which report shall be in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or if the physician or practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the father or mother in any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 78507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 7th 1896
4. *Place of Birth, (Street and Number)*	1100 Light St
5. *Full Name of Mother,*	Ida Frantz
6. *Mother's Maiden Name,*	Chatterbuck
7. *Mother's Birthplace,*	Harrisonburg Va.
8. *Full Name of Father,*	John H. Frantz
9. *Father's Occupation*	Conductor on City Pas. R. R.
10. *Father's Birthplace,*	Harrisonburg Va
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	1128 Light St
Remarks.	Living Child

8960005148

[illegible] and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, [illegible] shall cause the same to be registered as required by this section, and duly such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM

RETURN OF A BIRTH. 78508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19th Mar 1896
4. Place of Birth, (Street and Number) 1509 N Chester St
5. Full Name of Mother, Maggie Jenkins
6. Mother's Maiden Name, " Pass
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Jenkins
9. Father's Occupation Cutter
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 6 0 0 0 5 1 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or other person who shall attend upon any case of birth, shall, within ten days after the birth, report to the Registrar of Vital Statistics, at the office of the Board of Health, the name, sex, color, date and place of birth, and the name, residence and occupation of the parents of such child, and shall also report the number of births attended by him or her during the preceding month, and if no births shall have occurred during such month, he or she shall report that fact. Such report shall be made on the first day of each and every month to the office of the Registrar of Vital Statistics, at the office of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of the person in charge of such child to report the birth as herein required. In case there is no other person to report the birth of such child, it shall become the duty of the person occupying the house in which such birth occurs, to report the same in the manner and within the period above required. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 19 November
4. Place of Birth, (Street and Number) 1116 Harner Street
5. Full Name of Mother, Priscilla E Manning
6. Mother's Maiden Name, Priscilla E Manning
7. Mother's Birthplace, Baltimore
8. Full Name of Father, father is unknown
9. Father's Occupation
10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return. Abrilla Brooks

Address. 1132 Harner Street

Remarks, Aug 8 1900 Dr Ed 25 present
Mary E Warren

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78510 (ora)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Stewart ~~Christmas~~ Lee.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, November 20th 1896
4. Place of Birth, (Street and Number) 1825 Ethins St
5. Full Name of Mother, Sarah Lee
6. Mother's Maiden Name, " Christmas
7. Mother's Birthplace, Warren Co. N.C.
8. Full Name of Father, Anthony F Lee
9. Father's Occupation Waiter
10. Father's Birthplace, St Mary's Co Md

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Park Ave

Remarks,

1 8 9 6 0 0 0 5 1 5 1

[illegible] shall be delivered, duly signed by the practitioner [illegible] its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78511

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace. [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

8 9 6 0 0 0 5 1 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 78512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 7th 90: 1896.
4. Place of Birth, (Street and Number) 118 N Durham St.
5. Full Name of Mother, Annie Friedel
6. Mother's Maiden Name,
7. Mother's Birthplace, Germaine
8. Full Name of Father, Joe Friedel
9. Father's Occupation Tailor.
10. Father's Birthplace, Germaine

Name of Medical Attendant, or other person who makes this Return, Mary Kopitsh

Address, 205 N Washington St.

Remarks,

18960005153

Wm. J. C. Dulany Co., City Printers and Stationers.

Each coroner, in case of the death of any person whose death he is required to investigate, and every physician, midwife or other person having charge of or attending upon any woman during childbirth, and every undertaker or other person who shall bury or assist in burying the dead body of any child found dead or alleged to have been born dead, and every person who shall perform any surgical operation upon the dead body of any child, and every person who shall perform any surgical operation upon any woman during childbirth, shall, within ten days after the occurrence of the birth or death, or the finding of the dead body of the child, or the performance of the surgical operation, as the case may be, make a return thereof to the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall state in such return the sex, color, the full name and occupation of its parents, the date and place of birth, and the cause of death, if known, of the child, and such other information as may be required by the said Board of Health, and shall sign his name to such return. Every such return shall be delivered, duly signed by the practitioner in the form of certificate herein provided, at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the occurrence of the birth of any child or the finding of the dead body of any child, or the performance of any surgical operation upon any woman during childbirth, as the case may be, and every midwife or other person who shall fail to make such return within the time aforesaid, shall forfeit and pay for every such offence the sum of ten dollars; and every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time herein provided, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.,

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, Friday Nov 20th 96

4. Place of Birth, (Street and Number) 431 E Cuter St-

5. Full Name of Mother, Annie Mullen

6. Mother's Maiden Name, " " Mc Kenna

7. Mother's Birthplace, Md

8. Full Name of Father, Patrick Mullen

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Thos D Hobdy

Address, 102 Greenmount Ave

Remarks,

8960005154

Shall occur without the attendance of the physician or midwife, a certificate between the first and third month to be sent from to the office of the Commissioner of Health. In case the birth of such child shall occur upon the mother, immediately thereafter it shall become the duty of said physician or midwife to report said birth to the Commissioner of Health, in the manner and within the time above prescribed, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 78514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 21 1896
4. Place of Birth, (Street and Number) 1122 N. Fremont St
5. Full Name of Mother, Mary Brumfield
6. Mother's Maiden Name, Deems
7. Mother's Birthplace, Deceased
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. Dr. Nursing Asst.

Address, Md. Hospital

Remarks.

8960005155

Section 1. Be it enacted by the General Assembly of Maryland, That the parent, parents, guardian or other person having charge of any child born in the State of Maryland, shall cause the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of each child, if any other, born of the same mother, and not mentioned in any previous return, to be entered in a book to be kept for that purpose, and shall make a return of said particulars to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the father, mother or other person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-20-50

RETURN OF A BIRTH. 78515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Fletcher Bain Denny

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov 2/96
4. Place of Birth, (Street and Number) 121 W. Base St
5. Full Name of Mother, Ida Bell Denny
6. Mother's Maiden Name, Ida Bell Mitchell
7. Mother's Birthplace, Virginia
8. Full Name of Father, Charles H. Denny
9. Father's Occupation, R. R. Conductor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. Micheaux M.D.

Address, 411 N. Sharp St

Remarks.

8 9 6 0 0 0 5 1 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...law or such rule or regulation to the effect that the physician or midwife in attendance upon the mother, immediately thereafter, shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall knowingly and wilfully fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78516

GIVEN NAME ADDED 1-9-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bertha Mildred Shutt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 22 1954
4. Place of Birth, (Street and Number) 13 Goodwich ave
5. Full Name of Mother, Mary E Shutt
6. Mother's Maiden Name, Magnus
7. Mother's Birthplace, Md
8. Full Name of Father, Thomas Shutt
9. Father's Occupation Carpenter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr Henry Kurbock

Address, 237 Goodwich ave

Remarks,

18960005157

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov. 22 1896
4. Place of Birth, (Street and Number) 1021 N. Chapter st
5. Full Name of Mother, Mrs Deadia Simpson
6. Mother's Maiden Name, Miss Deadia Campher
7. Mother's Birthplace, Talbot Co. Eastern Shore
8. Full Name of Father, Mr John Simpson
9. Father's Occupation, Laborer
10. Father's Birthplace, Talbot Co. Eastern Shore

Name of Medical Attendant, or other person who makes this Return, Mrs Deadia Simpson

Address, 1010 N. Chapter Ave

Remarks,

1896 0005158

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth must be reported, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the person in attendance refuse or neglect to report the birth to the Commissioner of Health, in the manner and within the period above required, such attendance upon the mother, immediately thereafter it shall become the duty of the head of the family where such birth occurs, or of the person who shall have charge of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 78518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 4th 22. 1896.
4. Place of Birth, (Street and Number) 2437 Monument St
5. Full Name of Mother, Mary Sussann
6. Mother's Maiden Name,
7. Mother's Birthplace, Germaine
8. Full Name of Father, John Sussann
9. Father's Occupation Bricklayer
10. Father's Birthplace, Germaine

Name of Medical Attendant, or other person who makes this Return, Mary Kaltyz

Address, 205 N Washington St,

Remarks,

[illegible] 105159

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 2nd 1896
4. *Place of Birth, (Street and Number)* 956 S. Linden St
5. *Full Name of Mother,* Lena Perez
6. *Mother's Maiden Name,* Lena Garcia
7. *Mother's Birthplace,* Cuba
8. *Full Name of Father,* Victor Perez
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Cuba

Name of Medical Attendant, or other person who makes this Return, Dr. Thos. E. Lucas

Address, 222 Park Ave

Remarks,

8960005160

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is otherwise required to make such return, the parents or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, November 22 1876
4. Place of Birth, (Street and Number) 1452 Hull
5. Full Name of Mother, Bridget Hallman
6. Mother's Maiden Name, Bridget Mccall
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Frederick Hallman
9. Father's Occupation, Grocer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8906005161

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter, of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed in this section; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336

RETURN OF A BIRTH. 78521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23rd Nov 189[illegible]
4. Place of Birth, (Street and Number) 1612 Charles Street
5. Full Name of Mother, Maggie Wolf
6. Mother's Maiden Name, " Roberts
7. Mother's Birthplace, Balto
8. Full Name of Father, Louis Wolf
9. Father's Occupation Brass Finisher
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1828 Light Street

Remarks, Living Well

1 8 9 6 0 0 0 5 1 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 78522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Twelve~~ Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Twenty-third day of November 1880
4. Place of Birth, (Street and Number) Price Place, 1020
5. Full Name of Mother, Sarah Catherine Hewson
6. Mother's Maiden Name, Sterling
7. Mother's Birthplace, Eastern Shore Maryland
8. Full Name of Father, William Henry Hewson
9. Father's Occupation, Waiter
10. Father's Birthplace, Eastern Shore Maryland

Name of Medical Attendant, or other person who makes this Return. Mary A. Gibbs

Address, 719 Byron St Baltimore Md.

Remarks,

8960005163

and schedule shall be filled out by the person who shall have charge of the case, as far as practicable, at the time of each child. If any shall have been born during the month preceding the time of such report, the date and place of birth, and the full name and color, the full name and occupation of the parents, the date and place of birth, and the full name and color of each and every child born of such mother during the month preceding the time of such report, shall be reported in like manner. Such report shall be made every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such family in which such birth shall occur, to report the same within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. November 23 1896
4. Place of Birth. (Street and Number) No 610 Clemmons St. Baltimore
5. Full Name of Mother. Ethel Mrs. Cleary
6. Mother's Maiden Name. Ethel Hard
7. Mother's Birthplace. Maryland
8. Full Name of Father. Charles L. Mr. Cleary
9. Father's Occupation. Railroading
10. Father's Birthplace. Maryland

Name of Medical Attendant, or other person who makes this Return. Margaret A Lambert

Address. Millhiem st 1044

Remarks, Mother and baby Do Well

8960005164

Every birth must be reported within ten days after occurrence, the date and place of birth; and the name, sex and color of the child must be given. If a certificate between the first and second enumerations, the child must be reported within ten days after the second enumeration. No certificate shall occur without the attendance of a physician or practitioner of midwifery; or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. All births occurring after the first enumeration and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 98524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 29th 1926
4. Place of Birth, (Street and Number) 1223 E. Oak St
5. Full Name of Mother, Esther Daniels
6. Mother's Maiden Name, Esther Jones
7. Mother's Birthplace, Virginia
8. Full Name of Father, Willie Duncan
9. Father's Occupation Foreman
10. Father's Birthplace, Barbados

Name of Medical Attendant, or other person who makes this Return, Dr Mary L. Gregory

Address, 2222 Bank St

Remarks,

8960005165

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur while the mother is absent from the city, the person in attendance upon the mother at the birth shall assume the responsibility of reporting the birth of such child to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 23, 1896.
4. Place of Birth, (Street and Number) 327 Pentalow st.
5. Full Name of Mother, Regina Smith
6. Mother's Maiden Name, Regina Zgrowne
7. Mother's Birthplace, Germany
8. Full Name of Father, August Smith
9. Father's Occupation Bristle finisher
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return. Edward Peters M.D.

Address, 1928½ N. Paca St.

Remarks,

1896000516 6

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the nurse or midwife in attendance upon such birth to report its birth to the Commissioner of Health within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 23d 1896
4. *Place of Birth, (Street and Number)* 607 South Green
5. *Full Name of Mother,* Emmaline Zeller
6. *Mother's Maiden Name,* Schecter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John George Zeller
9. *Father's Occupation* Tin Roofer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dora Deeg M.D.

Address,

Remarks,

1 8 9 6 0 0 0 5 1 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health, at such place as may be designated by him, a certificate in the form of a certificate between the first and the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or attendant, no other person be required to report the birth to the Commissioner of Health, as aforesaid, within the period above required, and child to receive upon the mother, immediately thereafter, it shall become the duty of the person in charge of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78527

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex,* (state whether male or female)	Male
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth,*	Nov 24 1896
4. *Place of Birth,* (Street and Number)	1213 William
5. *Full Name of Mother,*	Teresa Korner
6. *Mother's Maiden Name,*	Teresa Miller
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Geo Korner
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	C. F. Mickleland
Address,	115 N Franklin
Remarks,	

18960005168

Of the Father, Mother, Whether Children or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 78528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Nov - 24/96
4. Place of Birth. (Street and Number) 2424 York Road
5. Full Name of Mother, Mary L. Ahearn
6. Mother's Maiden Name, Mary L. Kissling
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, James Ahearn
9. Father's Occupation, Boiler Washer
10. Father's Birthplace, Massachusetts

Name of Medical Attendant, or other person who makes this Return, A. G. Watson

Address, 1801 N. Central Ave.

Remarks, 1 8 9 6 0 0 0 5 1 6 9

Every birth is to be reported to the office of the Commissioner of Health within ten days after it occurs, and every case of stillbirth is to be reported to the Commissioner of Health within ten days after it occurs; and no burial or removal of the body of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the mother, immediately thereafter, shall be the person on whom the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male — Richard E. Tuder
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 24th 1896.
4. Place of Birth, (Street and Number) 938 N. Wolfe st.
5. Full Name of Mother, Arabella R. Tuder
6. Mother's Maiden Name, " " Seidenstricker
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Albert Tuder
9. Father's Occupation Huckster
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. B. Feuby, M.D.

Address, 1219 N. Caroline st.

Remarks,

1896 0005170

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Nov 24/96
4. Place of Birth, (Street and Number) 2415 n Stockton St.
5. Full Name of Mother, Alice Dieney
6. Mother's Maiden Name, Alice Harrison
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Herbert Dieney
9. Father's Occupation, Milk Peddler
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Edward L. Burkert M.D.
- Address, 2422 Pennsylvania Ave.
- Remarks, 8960005171

Within ten days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of the person in charge of the house in which such birth occurs, or the parent of such child to report its birth to the Commissioner of Health, and it shall become the duty of the person he in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 pregnancy Twins 1889
5th child

1. Sex, (~~state whether male or female~~)
2. Race or Color, (~~if not~~ of the white race)
3. Date of Birth, Nov 25th 1896
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Susan Barbara Grove
6. Mother's Maiden Name, Bailey
7. Mother's Birthplace, Thrasburg York Co Pa
8. Full Name of Father, Edw N Grove
9. Father's Occupation, Baggage master P.C.St.L.R.R.
10. Father's Birthplace, New Freedom York Co Pa

Name of Medical Attendant, or other person who makes this Return, Edw C. Price M.D.

Address, 1012 Madison Ave

Remarks,

1 8 9 6 0 0 0 5 1 7 2

Any physician or midwife who shall neglect or refuse to report the birth of any child attended upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 25 of November

4. *Place of Birth, (Street and Number)* # 820 E. Monument st.

5. *Full Name of Mother,* Mary Schoennagle

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* Germany.

8. *Full Name of Father,* [illegible] Schoennagle

9. *Father's Occupation* [illegible]

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, # 1907 E. Monument st.

Remarks,

8960005173

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 78533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3te

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 November
4. Place of Birth, (Street and Number) 1924 William St
5. Full Name of Mother, Martha Wagner
6. Mother's Maiden Name, Mack
7. Mother's Birthplace, Gustaff W. Baujsen
8. Full Name of Father, Jacob Wagner
9. Father's Occupation Beer Bauer
10. Father's Birthplace, Hamberg Baiern

Name of Medical Attendant, or other person who makes this Return, Anna Beuchelt

Address, 1914 N. Patt St

Remarks,

1896 0005174

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 25 th 1869
4. Place of Birth, (Street and Number) 5. Clement . St
5. Full Name of Mother, Lucy . Neuse
6. Mother's Maiden Name, Lucy . Huston
7. Mother's Birthplace, Howard . county . md
8. Full Name of Father, John . Neuse
9. Father's Occupation, Brakeman . R . R
10. Father's Birthplace, Knoxville . Tenn

Name of Medical Attendant, or other person who makes this Return. Ellemore . A . anderson

Address, 1434 . Patapsco . St

Remarks,

8960005175

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the parents, the next of kin present, or the householder in the house in which the birth occurred, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Born Jan 26th 1896
4. Place of Birth, (Street and Number) 1729 Orleans St. Baltimore City
5. Full Name of Mother, Carrie Bass
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Mathews Co. Va.
8. Full Name of Father, Henry Biggs
9. Father's Occupation, Laborer
10. Father's Birthplace, Mathews Co. Va.

Name of Medical Attendant, or other person who makes this Return, Georgianna Waters

Address 1957 E. Hillsdale St.

Remarks, No remarks this is the full content

8960005176

Every birth occurring within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics, at the office of the Commissioner of Health, the date and place of birth, and the name, if any, of the child, the sex of the child, whether it is the first and how many children the mother has borne, and such other information as may be required by the Commissioner of Health, on certificates to be furnished from his office. Such report shall be made in writing, and signed by the physician in attendance upon the birth, and if there be no physician in attendance, then by the midwife or nurse in attendance, and if there be no midwife or nurse in attendance, then by the father of the child, or the householder or owner of the premises where the birth occurred, within ten days after the birth shall occur without the attendance of a physician or midwife or nurse, it shall become the duty of the person or parents of such child to report the birth within ten days thereafter. If the birth occurs after the visit of the physician, midwife or nurse in attendance upon the mother, the physician, midwife or nurse shall report the birth within ten days after the occurrence thereof. Every certificate required to be made, kept or furnished by the provisions of this section shall be made upon the blank furnished by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 78536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26 November
4. *Place of Birth, (Street and Number)* 2403 Monument st
5. *Full Name of Mother,* Lucy Edwards
6. *Mother's Maiden Name,* Dixon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John F Edwards
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. L. Gross

Address, 1917 E Monument st.

Remarks,

6 9 6 0 0 0 5 1 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month, the certificate herein required to be made and delivered to the Registrar of Vital Statistics, and the first and shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, 27th December 1896
4. Place of Birth, (Street and Number) No. 1648 Fort Ave. Locust Point
5. Full Name of Mother, Mary Jennings
6. Mother's Maiden Name, Kelly
7. Mother's Birthplace, England
8. Full Name of Father, Joseph Jennings
9. Father's Occupation Baker Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaffler

Address, No 1703 E. Fort Ave Locust Point

Remarks,

8960005178

Wm. C. Dulany Co., City Printers and Stationers.

... shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any of the persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of fifty (50) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78538

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 27 1896
4. Place of Birth (Street and Number)	1624 W. Balt
5. Full Name of Mother	Carrie C Reed
6. Mother's Maiden Name	Carrie G. Burch
7. Mother's Birthplace	Washington DC
8. Full Name of Father	W. S. Reed
9. Father's Occupation	Clerk
10. Father's Birthplace	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	Robert K Krauss
Address	220 X Gilmor St
Remarks	

1 8 9 6 0 0 0 5 1 7 9

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 78539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 28th 18[illegible]
4. *Place of Birth, (Street and Number)* 135 S Eaton St
5. *Full Name of Mother,* Margaret Lyons
6. *Mother's Maiden Name,* Margaret Fisher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Lyons
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Chas C. Surgy.

Address, 22 Clark St

Remarks, Mary

1 8 9 6 0 0 0 5 1 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health, the date and place of birth; and the name, residence and occupation of the parents of every child born within the limits of said city, and the name of every person who shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty not exceeding five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 7 P 541

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Benjamin Stuart Tongue

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White 2nd
3. Date of Birth	November 2 1896
4. Place of Birth (Street and Number)	122 W. Lanvale
5. Full Name of Mother	T. Turner Tongue
6. Mother's Maiden Name	Annie VanArsdale
7. Mother's Birthplace	Maryland
8. Full Name of Father	T. Turner Tongue
9. Father's Occupation	Insurance
10. Father's Birthplace	Maryland (?)
Name of Medical Attendant, or other Person who makes this Return.	J. F. Smith
Address	1010 Madison Ave.
Remarks	CERTIFICATE CORRECTED 7-18-52

1 8 9 6 0 0 0 5 1 8 1

RETURN OF A BIRTH. 78541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 1896
4. Place of Birth, (Street and Number) 934 McDonogh Street
5. Full Name of Mother, Lavinia Johnson
6. Mother's Maiden Name, Lavinia Johnson
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Frank Johnson
9. Father's Occupation, Laborer
10. Father's Birthplace, Prince George County Md

Name of Medical Attendant, or other person who makes this Return. Peggie Hudnall

Address, 824. N. Dallas St City

Remarks,

1896 0005182

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, in case the birth of any child shall occur without the attendance of a duly qualified practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed; and in case any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78542 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 7 1896
4. *Place of Birth, (Street and Number)* 630 S Wolfe St
5. *Full Name of Mother,* Katherine Pietrowicz
6. *Mother's Maiden Name,* Bruszkiewicz
7. *Mother's Birthplace,* Lipnica Galicia
8. *Full Name of Father,* Edward Pietrowicz
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Lipnica Galicia

Name of Medical Attendant, or other person who makes this Return, C. Gonzales M.D.

Address, 613 Office Ave

Remarks, M. C. L. 14

8960005183

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall neglect to report the birth of any child, as required by the foregoing section, shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 5th
4. Place of Birth, (Street and Number) 1217 N. Chester St., Balto., Md.
5. Full Name of Mother, Sarena Smack
6. Mother's Maiden Name, " Roberts
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Sarena Smack
9. Father's Occupation Fireman
10. Father's Birthplace, Delaware

Name of Medical Attendant, or other person who makes this Return, Rosina Biemmiller

Address, 1306 N. Chester St., Balto.

Remarks,

8960005184

Wm. J. C. Dulany Co., City Printers and Stationers.

The undersigned is required by law to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the full name and occupation of its Parents, the date and place of birth, and the sex, &c., of each child, duly signed by the Physician, Midwife or other person in attendance, within five days after the birth, on blank forms to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner. It shall be the duty of the Board of Health to furnish such blank forms to any person who may apply for the same, and any person who shall fail to comply with the provisions of this section shall be subject to the fine of fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9th Nov.
4. *Place of Birth, (Street and Number)* Shacspeare St. 168
5. *Full Name of Mother,* ~~Stella~~ Bogdinski
6. *Mother's Maiden Name,* " Stotka
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* John Bogdinski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krozka

Address, 22 S. Bond St.

Remarks.

8960005185

Wm. J. C. Dulany Co., City Printers and Stationers.

...tion can be ascertained the full name of each child, if any shall have been conferred; its sex, color; the full name and occupation of its parents, the number and street of their residence, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the person who shall give notice of such birth; and the shall occur without the attendance of a midwife or practitioner, it shall become the duty of the person in attendance upon the mother, immediately thereafter, to report the birth to the Commissioner of Health. In the manner and within the period above prescribed, and child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife or practitioner, it shall become the duty of the parents of such any midwife or practitioner who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 Sept.
4. Place of Birth, (Street and Number) Bethel St 619
5. Full Name of Mother Rosa Menshekoska
6. Mother's Maiden Name, " Golebeska
7. Mother's Birthplace, Poland
8. Full Name of Father Stanislaus Menshekoska
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kubzka

Address, 602 S. Bond St.

Remarks.

1896 0005186

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the parent or parents of such child shall cause a return thereof to be made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 1st 1895
4. Place of Birth, (Street and Number) 331 Dellwood Ave. Woodbury
5. Full Name of Mother, Grace Nicoll
6. Mother's Maiden Name, Grace Sapkington
7. Mother's Birthplace, Chesterhurst N.J.
8. Full Name of Father, William D. Nicoll
9. Father's Occupation Painter
10. Father's Birthplace, Lancaster Pa.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower M.D.

Address, 321 Roland Ave. Roland Park

Remarks.

8960005187

Filed day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the time above specified, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth. November 1st
4. Place of Birth, (Street and Number) 764 Columbia Ave.
5. Full Name of Mother. Sophia Linsenmeyer
6. Mother's Maiden Name, Miller,
7. Mother's Birthplace. Balto. City
8. Full Name of Father, John Linsenmeyer
9. Father's Occupation, Drug. Clerk
10. Father's Birthplace, Balto City,

Name of Medical Attendant, or other person who makes this Return, Edward Eberdice, M.D.

Address, 721 Columbia Ave.

Remarks, 1896000518 8

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, November 6
4. Place of Birth, (Street and Number) 427 Druid Hill Av
5. Full Name of Mother, Alezenia Short
6. Mother's Maiden Name, " Haden
7. Mother's Birthplace, Va
8. Full Name of Father, Robert Short
9. Father's Occupation, Waiter
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. C. M. Dodson

Address, 1408 Madison Av

Remarks,

8960005189

Every birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is hereby required to report such birth, it shall be the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

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RETURN OF A BIRTH. 78549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Black
3. Date of Birth,	Nov 1st 96
4. Place of Birth, (Street and Number)	Maternity 115 W. Lombard.
5. Full Name of Mother,	Cora Prince
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	N. C.
8. Full Name of Father,	—
9. Father's Occupation	—
10. Father's Birthplace,	—
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M.D.
Address,	115 W. Lombard St.
Remarks,	

8960005190

Wm. J. C. Dulany Co., City Printers and Stationers.

day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or mother of such child, or in case both parents are dead, the householder or other person having charge of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]

RETURN OF A BIRTH. 78550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Nov. 7 " 96
4. *Place of Birth, (Street and Number)*	Maternity 115 Lombard St.
5. *Full Name of Mother,*	Lizzie Lynn
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M. D.
Address,	115 W. Lombard St.
Remarks,	

8960005191

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov. 14th 96
4. Place of Birth, (Street and Number)	Maternity 115 Lombard St. W.
5. Full Name of Mother,	Bertha Seymour
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Ohio
8. Full Name of Father,	
9. Father's Occupation	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M.D.
Address,	115 W. Lombard St.
Remarks,	

8960005192

That any of each and every month to the Clerk, Practitioner in the form of a certificate, setting forth the fact, place of birth, and the name, sex and color of the child born, and the name, residence and occupation of the parents of such child, which certificate shall be signed by the attending physician or practitioner of midwifery, or should no other person be in attendance, then by the owner or agent of the house in which such birth shall occur without the assistance of a physician or midwife, and the Clerk, Practitioner or other person who shall sign such certificate shall immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time prescribed by the ordinances of the Mayor and City Council of Baltimore, and in default of such report, the person or persons in any such person or persons who shall hereafter offend in the premises shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236

RETURN OF A BIRTH. 78552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 24th 96
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Lombard St.
5. *Full Name of Mother,*	Mary Hamburg
6. *Mother's Maiden Name,*	Mahoney
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Mahoney
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M.D.
Address,	115 W. Lombard St.
Remarks,	

8960005193

Every person who shall neglect to make the return of a birth required by this section, within the period above required, and every person who shall make a false return of a birth, shall be guilty of a misdemeanor and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. 78,583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Hilda Matilda Wiemer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 1st 1906
4. Place of Birth, (Street and Number) 60 Cumberland St
5. Full Name of Mother, Lena Wiemer
6. Mother's Maiden Name, Gast
7. Mother's Birthplace, Jagerstown Md
8. Full Name of Father, Herman A Wiemer
9. Father's Occupation Clergyman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Chas E Sadtler MD

Address, 1829 Bolton St

Remarks,

8960005194

Wm. J. C. Dulany Co., City Printers and Stationers

Every case of birth must be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the presence or attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 2
4. Place of Birth, (Street and Number) 1822 Lombard St
5. Full Name of Mother, Mrs Mary McCleary Thalen
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father, Geo Thalen
9. Father's Occupation, Stone Mason
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. E. Cullenbine M.D

Address, 11 N Carey St

Remarks, Born in wedlock

1896 0005195

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 78555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	for Apr 3 1896
4. *Place of Birth, (Street and Number)*	Md Nursery No 3 all
5. *Full Name of Mother,*	Elizabeth Johnson
6. *Mother's Maiden Name,*	Elizabeth Miller
7. *Mother's Birthplace,*	Europe
8. *Full Name of Father,*	Daniel H Johnson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs D Kelley
Address,	No 1922 Wilkins Ave
Remarks,	

8 7 6 0 0 0 5 1 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* .... male
2. *Race or Color, (if not of the white race)* .... White
3. *Date of Birth,* .... 4th of November 96
4. *Place of Birth, (Street and Number)* .... 15 Schmalwood St
5. *Full Name of Mother,* .... Louise Rith
6. *Mother's Maiden Name,* .... Louise Schleupner
7. *Mother's Birthplace,* .... Balto
8. *Full Name of Father,* .... John Rith
9. *Father's Occupation* .... Labor
10. *Father's Birthplace,* .... Balto

Name of Medical Attendant, or other person who makes this Return, ... Friederike Keuler Midwife

Address, ... 2116 W. Pratt St.

Remarks, ...

8 7 6 0 0 0 5 1 9 7

[illegible] be delivered, duly signed by the practitioner [illegible] its parents, the date and place of birth; and the [illegible] shall have third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 5th 1896
4. Place of Birth, (Street and Number) 14 Maple Ave. West Woodberry
5. Full Name of Mother, Ellen Wink
6. Mother's Maiden Name, Ellen Brown
7. Mother's Birthplace, Balt. Co. Md
8. Full Name of Father, Edward Wink
9. Father's Occupation Laborer
10. Father's Birthplace, Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 421 Roland Ave. Hampden

Remarks, 1896 0005198

...ished by the practitioner in the form, date and place of birth, and the ...ed day of each and every month to the office of the Commissioner of Health. In case a ...shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 78558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan the 5th 1926
4. Place of Birth, (Street and Number) 14 Caldwell st E 3rd
5. Full Name of Mother, Mallie Wagtman
6. Mother's Maiden Name, Mallie Barnes
7. Mother's Birthplace, germaney
8. Full Name of Father, William Wagtman
9. Father's Occupation Baker
10. Father's Birthplace, germany

Name of Medical Attendant, or other person who makes this Return, Mrs D Kelley

Address, E 1922 William Ave

Remarks,

8 9 6 0 0 0 5 1 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

said midwife shall be delivered, duly signed by the person in charge of the case, to the Registrar of Vital Statistics, on the first Monday of each and every month to the office of the Commissioner of Health in the form of a certificate between the first and fifth days of each month. The attendance of a physician or practioner of midwifery, or failure on the part of any person in attendance upon such mother to report such birth as herein required, shall be prima facie evidence against such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th November 1896
4. Place of Birth, (Street and Number) 1041 Compton st
5. Full Name of Mother, Louise Butzer
6. Mother's Maiden Name, Louise Walter
7. Mother's Birthplace, Germany
8. Full Name of Father, Ferdenand Butzer
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Miss Minche

Address, Leadenhall and Montgomery sts

Remarks,

1 8 9 6 0 0 0 5 2 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Any Midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, a list of all births occurring during the preceding month in cases in which she shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 78560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 7th 1896
4. Place of Birth, (Street and Number) Watkins Ave No 2106
5. Full Name of Mother, Lulu Ellis Price
6. Mother's Maiden Name, Lulu Ellis Emery
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas D Price
9. Father's Occupation Elevator
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Watkins Ave

Remarks,

6960005201

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall fail to report the birth of any child hereafter born, within the time and in the manner required by the foregoing sections of this ordinance, and any midwife who shall fail to report the birth of any child attended by her, and any physician or midwife who shall fail to report the birth of any child which occurs without the attendance of any physician or midwife, shall forfeit and pay for each offence a penalty of not less than five (5) dollars nor more than fifty (50) dollars; and any midwife who shall fail to report the name and occupation of its parents, the date and place of birth; and the third case of each month, to the office of the Commissioner of Health, in the form and manner aforesaid, shall forfeit and pay a penalty of not less than one (1) dollar nor more than five (5) dollars; and any physician or midwife who shall fail to report the birth of any child attended by him or her, and any person who shall fail to report the birth of any child occurring without the attendance of any physician or midwife, or should no other person report the birth of such child as required by this ordinance, the undertaker who shall bury the body of such child without a certificate of burial, as required by section 4 of this ordinance, shall forfeit and pay a penalty of not less than five (5) dollars nor more than fifty (50) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 4 d

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color.* (*if not of the white race*) White
3. *Date of Birth,* December Tuesday 5 th
4. *Place of Birth,* (*Street and Number*) 530 Orson ave
5. *Full Name of Mother,* Mary E Neville
6. *Mother's Maiden Name,* Mary E Ryan
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* William H Neville
9. *Father's Occupation* Carriage Smith
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return. Dr. Worden

Address, 1200 E. Lafayette St. ave

Remarks,

8960005202

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 6 1896
4. Place of Birth, (Street and Number) 214 Railroad Hampden
5. Full Name of Mother, Mary E Jeffery
6. Mother's Maiden Name, Rosenbaum
7. Mother's Birthplace, Baltimore county
8. Full Name of Father, Samuel E Jeffery
9. Father's Occupation, overseer in cotton mill
10. Father's Birthplace, Carroll county

Name of Medical Attendant, or other person who makes this Return, Martha E King

Address, 545 Richard ste Baltimore

Remarks,

1896005203

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly filled out, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the first ten days of each and every month; and the Registrar shall not issue a certificate between the first and third day of each and every month to the effect that the said schedule has been received, unless the full name and occupation of its parents, the date and place of birth of any child born during the preceding month to the said parents, and the name and address of the physician or midwife in attendance shall have been duly returned to the Office of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then it shall be the duty of the person in charge of the house where such birth occurs, the mother, immediately thereafter, to report the same to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 78563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male - GEORGE MARTIN APPLE
2. *Race or Color, (if not of the white race)* W. Lit
3. *Date of Birth,* Jan the 6 1926
4. *Place of Birth, (Street and Number)* Hanlo st & N 5.C.T
5. *Full Name of Mother,* mary apple
6. *Mother's Maiden Name,* may Cook
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Th apple
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Alex J Kelly

Address, 1922 Wilkins Ave

Remarks,

1 8 9 6 0 0 0 5 2 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...and schedule shall be delivered by some one in attendance at the birth, stating the name and occupation of its parents, the date and place of birth, and the sex of such child; and every midwife or other person (not being a physician or practitioner of midwifery) who shall be in attendance upon the mother, immediately thereafter, shall become the duty of the person or parents of such child to report the birth as herein required, and in case where no physician or midwife shall attend at the birth, then the parents of such child shall make the return within five days after the birth, and every such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 P

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 7 November 1896
4. Place of Birth, (Street and Number) 612 Dawson
5. Full Name of Mother, Lizzie Fasold
6. Mother's Maiden Name, Lizzie McMahon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Henry Ryan Bayard
9. Father's Occupation, Glass Worker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Nimsch

Address, 800 Leadenhall Street

Remarks,

8960005205

Wm. J. C. Dulany Co., City Printers and Stationers.

...said midwife shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health, or some other person by him appointed to receive the same, within the first and third day of each and every month to the office of the Commissioner of Health, for which a certificate between the first and third day of each and every month to the office of the Commissioner of Health, for which a certificate shall be given; and no certificate of the birth of any child shall be issued by the Commissioner of Health, or any other person by him appointed, if any shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, then the householder or other person within the house where such child was born, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1286.]

RETURN OF A BIRTH. 78565

GIVEN NAME ADDED 2/15/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ETHEL L. FREY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov the 8 - 1896
4. Place of Birth, (Street and Number) Eutaw near st 3 1/4
5. Full Name of Mother, Clara E Frey
6. Mother's Maiden Name, Clara E McCurley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George A Frey
9. Father's Occupation Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs D Keller

Address, No 1922 Wilkins Ave

Remarks,

B 760005206

Wm. J. C. Dulany Co., City Printers and Stationers.

Any midwife, nurse, or other person who shall have attended at the birth of any child, or any person who shall be present at the birth of any child, if no midwife, nurse, or other person shall have been in attendance, or in case the child shall be born elsewhere than at the residence of the mother, shall, within ten days after the birth of such child, make a return thereof to the Commissioner of Health. In case the birth of any child shall occur upon the premises or in the house and within the limits of the district of which a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the physician or practitioner of midwifery in attendance upon the mother, and within the period above required, and child to report its birth to the Commissioner of Health, and shall comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons shall neglect or refuse to

RETURN OF A BIRTH. 78566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 th of November 46
4. Place of Birth, (Street and Number) 2011 Balto St
5. Full Name of Mother, Nella Miller
6. Mother's Maiden Name, Nella Hedley
7. Mother's Birthplace, Balto
8. Full Name of Father, John W. Miller
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friedericke Reuter Midwife

Address, 2116 W Pratt St

Remarks,

+ 8 9 6 0 0 0 5 2 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife shall be delivered, duly signed by the practitioner in charge, the date and place of birth, and the sex, color and occupation of the parents, the certificate between the first and tenth day of every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, the midwife or practitioner of midwifery, or should no other person be in attendance upon the mother, then the person who shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any midwife or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 9th 1896
4. Place of Birth, (Street and Number) 222 Roland Ave
5. Full Name of Mother, Catherine M Cooper
6. Mother's Maiden Name, " " Griffith
7. Mother's Birthplace, Balto
8. Full Name of Father, Daul Cooper
9. Father's Occupation, Barber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm H Faddeman M.D.

Address, 102 Chestnut Ave

Remarks,

1896 0005208

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health, the name, sex, race and date and place of birth; and the shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance, it shall be the duty of the mother, immediately thereafter, if able, and within ten days thereafter, if not able sooner, and of any child to report to the City Commissioner of Health, in manner and with the particulars above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1286.]

RETURN OF A BIRTH. 78568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 10 1896
4. *Place of Birth, (Street and Number)* N Milton ave No 1317
5. *Full Name of Mother,* Katey L Bauer
6. *Mother's Maiden Name,* Katey L Lilius
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Theresey Bauer
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* germany

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Wilkins Ave

Remarks,

1 8 9 6 0 0 0 5 2 0 9

said schedule shall be delivered to the Registrar of Vital Statistics, the date and place of birth, and the names of each child (if any shall have been born) since the last preceding return, and the names of its parents, the date and place of birth, and the occupation of its parents, to the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parent with whom such child resides to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 & 11

1. Sex, (state whether male or female) Male — Harry Clifton Coleman
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 17 1896
4. Place of Birth, (Street and Number) 17 W Hamburg St
5. Full Name of Mother, Alice Coleman
6. Mother's Maiden Name, Alice Macken
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm H Coleman
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Minch

Address, Cor Eutaw Hall & Montgomery Sts

Remarks. GIVEN NAME ADDED. 1-9-52

1896 0005210

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner in the city of Baltimore who shall attend upon any woman in labor, shall, within three days after the birth of each child, report to the Commissioner of Health the name and place of birth and the full name and residence of the parents of such child, and the name and residence of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section. Any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] the practitioner in the form of a certificate between the first and [illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 12/96
4. *Place of Birth, (Street and Number)* 1132 Hundt Ave
5. *Full Name of Mother,* Louisa F Beach
6. *Mother's Maiden Name,* " " Johnson
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,* Robt L Beach
9. *Father's Occupation* R. R. employee
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Wm. H. Feldman M.D.

Address, #102 Chestnut Ave

Remarks,

8960005211

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.)

RETURN OF A BIRTH. 78571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 13 . 1896
4. Place of Birth, (Street and Number) St Paul Ave No 1122
5. Full Name of Mother, Catharine Th. Lettner
6. Mother's Maiden Name, Catharine Th. Schraen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Th. Lettner
9. Father's Occupation Lawyer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S. Hellen

Address, No 1122 Pauls Ave

Remarks,

1896000052 12

Wm. J. C. Dulany Co., City Printers and Stationers.

Any Physician shall have the right to be present at the birth of any child, and any midwife, nurse or other person in attendance upon the mother of any child shall be delivered, duly signed, to the proper parents, the date and place of birth, and the name, if any, given to the child, and shall forward the same within the period above required, and in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, it shall become and within the period above required, and the duty of the mother, immediately thereafter, it shall become and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 78572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lyla Belle Enos

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1?

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, On the 8th 1896
4. Place of Birth, (Street and Number) 1st mount st N 2124
5. Full Name of Mother, Alice W. Enos (Alice W. Enos)
6. Mother's Maiden Name, Alice W. DeShazo (Alice W. DeShazo)
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Newton H. Enos (Newton H. Enos)
9. Father's Occupation, Produce dealer
10. Father's Birthplace, Delaware

Name of Medical Attendant, or other person who makes this Return, Mrs S Holley

Address, 1922 N Milton Ave

Remarks, CERTIFICATE CORRECTED 10-8-52

1 6 9 6 0 0 0 5 2 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 4. And be it further enacted, That the Board of Health of Baltimore City shall have the power to make such rules and regulations as may be necessary for the registration of births and deaths, and for the prevention of the spread of contagious diseases, and for the preservation of the public health, and to appoint such officers as may be necessary to carry out the provisions of this Act, and to fix their salaries, and to remove them at pleasure; and the said Board shall have the power to appoint a Registrar of Vital Statistics, who shall have charge of the registration of births and deaths, and who shall be the executive officer of the Board of Health in the enforcement of the provisions of this Act, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Deputy Registrar of Vital Statistics, who shall perform the duties of the Registrar of Vital Statistics in the absence of the Registrar, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Clerk, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Messenger, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitor, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitress, who shall perform such duties as may be required of her by the Board of Health; and the said Board shall have the power to appoint a Janitor, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitress, who shall perform such duties as may be required of her by the Board of Health.

Section 5. And be it further enacted, That the Board of Health of Baltimore City shall have the power to make such rules and regulations as may be necessary for the registration of births and deaths, and for the prevention of the spread of contagious diseases, and for the preservation of the public health, and to appoint such officers as may be necessary to carry out the provisions of this Act, and to fix their salaries, and to remove them at pleasure; and the said Board shall have the power to appoint a Registrar of Vital Statistics, who shall have charge of the registration of births and deaths, and who shall be the executive officer of the Board of Health in the enforcement of the provisions of this Act, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Deputy Registrar of Vital Statistics, who shall perform the duties of the Registrar of Vital Statistics in the absence of the Registrar, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Clerk, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Messenger, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitor, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitress, who shall perform such duties as may be required of her by the Board of Health.

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Section 20. And be it further enacted, That the Board of Health of Baltimore City shall have the power to make such rules and regulations as may be necessary for the registration of births and deaths, and for the prevention of the spread of contagious diseases, and for the preservation of the public health, and to appoint such officers as may be necessary to carry out the provisions of this Act, and to fix their salaries, and to remove them at pleasure; and the said Board shall have the power to appoint a Registrar of Vital Statistics, who shall have charge of the registration of births and deaths, and who shall be the executive officer of the Board of Health in the enforcement of the provisions of this Act, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Deputy Registrar of Vital Statistics, who shall perform the duties of the Registrar of Vital Statistics in the absence of the Registrar, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Clerk, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Messenger, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitor, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitress, who shall perform such duties as may be required of her by the Board of Health.

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Section 22. And be it further enacted, That the Board of Health of Baltimore City shall have the power to make such rules and regulations as may be necessary for the registration of births and deaths, and for the prevention of the spread of contagious diseases, and for the preservation of the public health, and to appoint such officers as may be necessary to carry out the provisions of this Act, and to fix their salaries, and to remove them at pleasure; and the said Board shall have the power to appoint a Registrar of Vital Statistics, who shall have charge of the registration of births and deaths, and who shall be the executive officer of the Board of Health in the enforcement of the provisions of this Act, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Deputy Registrar of Vital Statistics, who shall perform the duties of the Registrar of Vital Statistics in the absence of the Registrar, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Clerk, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Messenger, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitor, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitress, who shall perform such duties as may be required of her by the Board of Health.

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Section 24. And be it further enacted, That the Board of Health of Baltimore City shall have the power to make such rules and regulations as may be necessary for the registration of births and deaths, and for the prevention of the spread of contagious diseases, and for the preservation of the public health, and to appoint such officers as may be necessary to carry out the provisions of this Act, and to fix their salaries, and to remove them at pleasure; and the said Board shall have the power to appoint a Registrar of Vital Statistics, who shall have charge of the registration of births and deaths, and who shall be the executive officer of the Board of Health in the enforcement of the provisions of this Act, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Deputy Registrar of Vital Statistics, who shall perform the duties of the Registrar of Vital Statistics in the absence of the Registrar, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Clerk, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Messenger, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitor, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitress, who shall perform such duties as may be required of her by the Board of Health.

Section 25. And be it further enacted, That the Board of Health of Baltimore City shall have the power to make such rules and regulations as may be necessary for the registration of births and deaths, and for the prevention of the spread of contagious diseases, and for the preservation of the public health, and to appoint such officers as may be necessary to carry out the provisions of this Act, and to fix their salaries, and to remove them at pleasure; and the said Board shall have the power to appoint a Registrar of Vital Statistics, who shall have charge of the registration of births and deaths, and who shall be the executive officer of the Board of Health in the enforcement of the provisions of this Act, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Deputy Registrar of Vital Statistics, who shall perform the duties of the Registrar of Vital Statistics in the absence of the Registrar, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Clerk, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Messenger, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitor, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitress, who shall perform such duties as may be required of her by the Board of Health.

Section 26. And be it further enacted, That the Board of Health of Baltimore City shall have the power to make such rules and regulations as may be necessary for the registration of births and deaths, and for the prevention of the spread of contagious diseases, and for the preservation of the public health, and to appoint such officers as may be necessary to carry out the provisions of this Act, and to fix their salaries, and to remove them at pleasure; and the said Board shall have the power to appoint a Registrar of Vital Statistics, who shall have charge of the registration of births and deaths, and who shall be the executive officer of the Board of Health in the enforcement of the provisions of this Act, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Deputy Registrar of Vital Statistics, who shall perform the duties of the Registrar of Vital Statistics in the absence of the Registrar, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Clerk, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Messenger, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitor, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitress, who shall perform such duties as may be required of her by the Board of Health.

Section 27. And be it further enacted, That the Board of Health of Baltimore City shall have the power to make such rules and regulations as may be necessary for the registration of births and deaths, and for the prevention of the spread of contagious diseases, and for the preservation of the public health, and to appoint such officers as may be necessary to carry out the provisions of this Act, and to fix their salaries, and to remove them at pleasure; and the said Board shall have the power to appoint a Registrar of Vital Statistics, who shall have charge of the registration of births and deaths, and who shall be the executive officer of the Board of Health in the enforcement of the provisions of this Act, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Deputy Registrar of Vital Statistics, who shall perform the duties of the Registrar of Vital Statistics in the absence of the Registrar, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Clerk, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Messenger, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitor, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitress, who shall perform such duties as may be required of her by the Board of Health.

Section 28. And be it further enacted, That the Board of Health of Baltimore City shall have the power to make such rules and regulations as may be necessary for the registration of births and deaths, and for the prevention of the spread of contagious diseases, and for the preservation of the public health, and to appoint such officers as may be necessary to carry out the provisions of this Act, and to fix their salaries, and to remove them at pleasure; and the said Board shall have the power to appoint a Registrar of Vital Statistics, who shall have charge of the registration of births and deaths, and who shall be the executive officer of the Board of Health in the enforcement of the provisions of this Act, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Deputy Registrar of Vital Statistics, who shall perform the duties of the Registrar of Vital Statistics in the absence of the Registrar, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Clerk, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Messenger, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitor, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitress, who shall perform such duties as may be required of her by the Board of Health.

Section 29. And be it further enacted, That the Board of Health of Baltimore City shall have the power to make such rules and regulations as may be necessary for the registration of births and deaths, and for the prevention of the spread of contagious diseases, and for the preservation of the public health, and to appoint such officers as may be necessary to carry out the provisions of this Act, and to fix their salaries, and to remove them at pleasure; and the said Board shall have the power to appoint a Registrar of Vital Statistics, who shall have charge of the registration of births and deaths, and who shall be the executive officer of the Board of Health in the enforcement of the provisions of this Act, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Deputy Registrar of Vital Statistics, who shall perform the duties of the Registrar of Vital Statistics in the absence of the Registrar, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Clerk, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Messenger, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitor, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitress, who shall perform such duties as may be required of her by the Board of Health.

Section 30. And be it further enacted, That the Board of Health of Baltimore City shall have the power to make such rules and regulations as may be necessary for the registration of births and deaths, and for the prevention of the spread of contagious diseases, and for the preservation of the public health, and to appoint such officers as may be necessary to carry out the provisions of this Act, and to fix their salaries, and to remove them at pleasure; and the said Board shall have the power to appoint a Registrar of Vital Statistics, who shall have charge of the registration of births and deaths, and who shall be the executive officer of the Board of Health in the enforcement of the provisions of this Act, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Deputy Registrar of Vital Statistics, who shall perform the duties of the Registrar of Vital Statistics in the absence of the Registrar, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Clerk, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Messenger, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitor, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitress, who shall perform such duties as may be required of her by the Board of Health.

Section 31. And be it further enacted, That the Board of Health of Baltimore City shall have the power to make such rules and regulations as may be necessary for the registration of births and deaths, and for the prevention of the spread of contagious diseases, and for the preservation of the public health, and to appoint such officers as may be necessary to carry out the provisions of this Act, and to fix their salaries, and to remove them at pleasure; and the said Board shall have the power to appoint a Registrar of Vital Statistics, who shall have charge of the registration of births and deaths, and who shall be the executive officer of the Board of Health in the enforcement of the provisions of this Act, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Deputy Registrar of Vital Statistics, who shall perform the duties of the Registrar of Vital Statistics in the absence of the Registrar, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Clerk, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Messenger, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitor, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitress, who shall perform such duties as may be required of her by the Board of Health.

Section 32. And be it further enacted, That the Board of Health of Baltimore City shall have the power to make such rules and regulations as may be necessary for the registration of births and deaths, and for the prevention of the spread of contagious diseases, and for the preservation of the public health, and to appoint such officers as may be necessary to carry out the provisions of this Act, and to fix their salaries, and to remove them at pleasure; and the said Board shall have the power to appoint a Registrar of Vital Statistics, who shall have charge of the registration of births and deaths, and who shall be the executive officer of the Board of Health in the enforcement of the provisions of this Act, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Deputy Registrar of Vital Statistics, who shall perform the duties of the Registrar of Vital Statistics in the absence of the Registrar, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Clerk, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Messenger, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitor, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitress, who shall perform such duties as may be required of her by the Board of Health.

Section 33. And be it further enacted, That the Board of Health of Baltimore City shall have the power to make such rules and regulations as may be necessary for the registration of births and deaths, and for the prevention of the spread of contagious diseases, and for the preservation of the public health, and to appoint such officers as may be necessary to carry out the provisions of this Act, and to fix their salaries, and to remove them at pleasure; and the said Board shall have the power to appoint a Registrar of Vital Statistics, who shall have charge of the registration of births and deaths, and who shall be the executive officer of the Board of Health in the enforcement of the provisions of this Act, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Deputy Registrar of Vital Statistics, who shall perform the duties of the Registrar of Vital Statistics in the absence of the Registrar, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Clerk, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Messenger, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitor, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitress, who shall perform such duties as may be required of her by the Board of Health.

Section 34. And be it further enacted, That the Board of Health of Baltimore City shall have the power to make such rules and regulations as may be necessary for the registration of births and deaths, and for the prevention of the spread of contagious diseases, and for the preservation of the public health, and to appoint such officers as may be necessary to carry out the provisions of this Act, and to fix their salaries, and to remove them at pleasure; and the said Board shall have the power to appoint a Registrar of Vital Statistics, who shall have charge of the registration of births and deaths, and who shall be the executive officer of the Board of Health in the enforcement of the provisions of this Act, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Deputy Registrar of Vital Statistics, who shall perform the duties of the Registrar of Vital Statistics in the absence of the Registrar, and who shall perform such other duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Clerk, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Messenger, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitor, who shall perform such duties as may be required of him by the Board of Health; and the said Board shall have the power to appoint a Janitress, who shall perform such duties as may be required of her by the Board of Health.

Section 35. And be it further enacted, That the Board of Health of Baltimore City shall have the power to make such rules and regulations as may be necessary for the registration of births and deaths, and for the prevention of the spread of contagious diseases, and for the preservation of the public health, and to appoint such officers as may be necessary to carry out the provisions of this Act, and to fix their salaries, and to remove them

1236.]

RETURN OF A BIRTH. 785-73

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5c
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	on the 13. 1896
4. *Place of Birth, (Street and Number)*	at gilmore St No 330
5. *Full Name of Mother,*	Mary E Gaylor
6. *Mother's Maiden Name,*	Mary E Rudolph
7. *Mother's Birthplace,*	Richmond Va
8. *Full Name of Father,*	William Gaylor
9. *Father's Occupation*	Segar maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	No 1922 Wilkins Ave
Remarks,	

5 9 6 0 0 0 5 2 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-15-57

RETURN OF A BIRTH. 78578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick Albert Bohnet

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13th of November 96
4. *Place of Birth, (Street and Number)*	1012 Hanover Ave
5. *Full Name of Mother,*	Lena Bohnet
6. *Mother's Maiden Name,*	Lena Schaper
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Christian Bohnet
9. *Father's Occupation*	Brauer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Kessler Midwife
Address,	2116 W Pratt St
Remarks,	

1 8 9 6 0 0 0 5 2 1 5

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third day of each month to the office of the Commissioner of Health. In case the birth of such child shall occur without the city limits, or in transit on the water, the first arrival of such child in the city, after the birth, shall be deemed the time of birth; and the attendance upon the mother, immediately thereafter, shall be deemed attendance at the birth. It shall be the duty of the person in charge of the premises where any birth occurs to report the same to the Commissioner of Health, in the manner and within the time above specified, and any person who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth. April 14 1896
4. Place of Birth, (Street and Number) 132 Eastern Ave
5. Full Name of Mother, Mrs. [illegible]
6. Mother's Maiden Name. [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, James [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. Martha E King

Address, 595 Richmond Ave

Remarks. 18960005216

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 15
4. Place of Birth, (Street and Number) 150 Hillsides St
5. Full Name of Mother, Mrs Anna Hester Thompson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, Edward Thompson
9. Father's Occupation Machinist
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. E. E. Lemmon

Address, 11 N Carey St

Remarks,

1896000521 7

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Every birth shall be registered, duly signed by the Practitioner in attendance, the date and place of birth; and the name, if any, and every month to the office of the Commissioner of Health certificate between the first and third day of such month, and every birth which shall occur without the presence of a physician or midwife, or if in case the birth shall occur in the absence of the Commissioner of Health, no other person shall attend upon the mother at the time of her delivery, or within the period of twenty-four hours after such birth, shall forthwith report such birth to the Commissioner of Health, in the manner and within the period prescribed in this section. Persons who shall hereafter fail to comply with the provisions of this section shall be fined, and any such person or persons shall be liable to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-8-51

RETURN OF A BIRTH. 78577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 2
1. *Sex, (state whether male or female)*	female MARGARET ELIZABETH
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 16th, 1896
4. *Place of Birth, (Street and Number)*	1519 Ensor St
5. *Full Name of Mother,*	Isabella White
6. *Mother's Maiden Name,*	Isabella Abernethy
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James White
9. *Father's Occupation*	Gardener
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Wooden
Address,	1000 E. Fayette St City
Remarks.	

1896 0005218

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be registered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month after the birth, on a certificate to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be required by this section to report the birth, immediately thereafter it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, and any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 18th 1896.
4. Place of Birth, (Street and Number) 250 Riviera Avenue.
5. Full Name of Mother, Catherine Masingo.
6. Mother's Maiden Name, Catherine Burk
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John T. Masingo Jr.
9. Father's Occupation, Agent.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Minah

Address, 900 Leadenhall Street.

Remarks,

1896000521 9

Every physician or midwife in attendance upon any birth, and the father, mother or householder, where no physician or midwife is in attendance, shall, within the period above required, report to the Registrar of Vital Statistics the said birth, and the full name, the date and place of birth, and the name, residence and occupation of its parents, the date and place of birth; and the name, residence and occupation of the Coroner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and no other person shall deem without the attendance of a physician or practicer of midwifery, or should the birth of any child after once upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female).*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	Nov 17/96
4. *Place of Birth, (Street and Number)*	2878 Cedar Ave
5. *Full Name of Mother.*	Katie Smith
6. *Mother's Maiden Name.*	Katie Smith
7. *Mother's Birthplace.*	Balto
8. *Full Name of Father.*	Sylvester Smith
9. *Father's Occupation*	Farmer
10. *Father's Birthplace.*	Balto Co
Name of Medical Attendant, or other person who makes this Return.	Wm H Forsaman M.D.
Address.	#102 Chestnut Ave
Remarks.	

1896 0005220

Every birth occurring after the first day of January, 1877, within the limits of Baltimore City, shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the physician, midwife, or other person in attendance upon the mother, immediately thereafter, and shall become the duty of the person or parents of such child to report the same within ten days after the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the same within ten days after the birth. In case the parents of such child shall reside elsewhere than in the house where the birth occurred, the duty imposed by this section shall devolve upon the person in charge of such house at the time of the birth. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 te
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th of November 96
4. *Place of Birth, (Street and Number)*	3 Frederick Road
5. *Full Name of Mother,*	Mary Schrage
6. *Mother's Maiden Name,*	Mary Schneider
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Wilhelm Schrage
9. *Father's Occupation*	Bäcker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuter Midwife
Address,	2116 W Pratt St
Remarks,	

18960005221

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within one mile of the residence of the mother, and more than two miles from the office of the Commissioner of Health, or in case of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person in attendance upon the mother, or in case of her absence, the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 22nd of September
4. Place of Birth, (Street and Number) 1617 Latrobe St
5. Full Name of Mother, Mrs Blanche Schleigh
6. Mother's Maiden Name, Miss Blanche Lucy
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John C Schleigh Jr
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Miss Flowden

Address. 1000 Hoffman St

Remarks, No

1896 0005222

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 22nd 1896
4. *Place of Birth, (Street and Number)*	2301 Pennsylvania Ave
5. *Full Name of Mother,*	Mary Will
6. *Mother's Maiden Name,*	Rothkopf
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry Will
9. *Father's Occupation*	Saloon Keeper
10. *Father's Birthplace.*	Balto
Name of Medical Attendant, or other person who makes this Return,	Chas Staehler
Address.	1836 Bolton St
Remarks.	

1896 0005223

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks. Martha E King 575 Richmond ave
8960006 Baltimore city

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 23 November
4. *Place of Birth, (Street and Number)* Hanover St 1136.
5. *Full Name of Mother,* Carrie Yagler
6. *Mother's Maiden Name,* Carrie Lindenmeyer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Yagler
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Miss Münch

Address, 800 Leadenhall Street

Remarks,

8960005225

said scrutinie shall be delivered, duly signed by the practitioner in charge of the case, to the Registrar of the district in which the birth occurred, within the time above specified, and every such practitioner who shall neglect to give the said notice and deliver the said scrutinie within the time above specified, shall be liable to a penalty of ten dollars for each offence.

And be it further enacted, That it shall be the duty of the physician or midwife in attendance upon any case of birth occurring after the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of such child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 78585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 24 - 1896
4. *Place of Birth, (Street and Number)* Bryson at 2.12
5. *Full Name of Mother,* mary E Kelley
6. *Mother's Maiden Name,* mary E brennan
7. *Mother's Birthplace,* ireland
8. *Full Name of Father,* Thomas J Kelley
9. *Father's Occupation* rigger
10. *Father's Birthplace,* ireland

Name of Medical Attendant, or other person who makes this Return, mrs D Kelley

Address, No 1922 Mahon Ave

Remarks,

8 9 6 0 0 0 5 2 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be covered duly signed by the practitioner in charge, the date and place of birth and the ...third day of each and every month to the office of the Commissioner of Health, a certificate between the first and ...shall occur without the attendance of a physician or practioner of midwifery, he shall, within the period of ...child to report, in the manner aforesaid, all the particulars required to be given by the parents of such ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 78586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan the 24 th 1896
4. *Place of Birth, (Street and Number)* Stafford st No 108
5. *Full Name of Mother,* minnie ~~wichet~~ weinweis
6. *Mother's Maiden Name,* minnie mobus
7. *Mother's Birthplace,* germany
8. *Full Name of Father,* Ho F minnies
9. *Father's Occupation* milk seller
10. *Father's Birthplace,* germany

Name of Medical Attendant, or other person who makes this Return, Mrs D Keller

Address, No 19 22 Mathews Ave

Remarks,

6 9 6 0 0 0 5 2 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife or other person who shall attend upon any birth, shall, within ten days thereafter, duly signed by the practitioner in the form of a certificate hereinafter mentioned, give information thereof at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person occupying the premises in which such birth occurred, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person who shall wilfully refuse or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78 587

GIVEN NAME ADDED 10/9/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bernard Francis Ludwig

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24th of November 96
4. *Place of Birth, (Street and Number)*	2125 Wilhelm St.
5. *Full Name of Mother,*	Lina Ludwig
6. *Mother's Maiden Name,*	Lina Heine
7. *Mother's Birthplace,*	Bolle
8. *Full Name of Father,*	Joseph Ludwig
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Kuehler Midwife
Address,	2116 W Pratt St.
Remarks,	

6 7 6 0 0 0 5 2 2 8

third day of each and every month. The certificate herein required to be given by the attendant upon the birth, and the certificate required to be given by the parent or person having charge of such child, before such child can be buried, shall be printed or written in the form of a certificate hereto annexed, and shall contain the information hereby required to be given, so far as the same may be known to the person required to give the same. The Return of every birth shall be signed by the attendant upon the birth, immediately thereafter. It shall be the duty of the parent or person having charge of such child, before such child can be buried, to procure the certificate of birth required by this section, and any such parent or person who shall refuse or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 23 1896
4. *Place of Birth, (Street and Number)*	1624 Williams pl.
5. *Full Name of Mother,*	Emma C. Jones
6. *Mother's Maiden Name,*	" " Mabe
7. *Mother's Birthplace,*	Talbot Co. Md.
8. *Full Name of Father,*	George R. Jones
9. *Father's Occupation*	Farmer
10. *Father's Birthplace,*	Talbot Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Rob. C. D. Leitch M.D.
Address,	1458 Riviera Ave.
Remarks,	

8966005229

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall set forth as far as practicable the particulars required to be given in relation to each birth, and shall contain a list of the births which have occurred under his or her supervision during the month next preceding the date of such list. Such list shall be delivered, duly signed by the midwife or physician or practitioner of medicine in attendance upon the mother, immediately after the last birth mentioned therein, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the midwife or person having charge of such child to report such birth to the Commissioner of Health, as above required, and within the period above specified. And any such person offending in the premises shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336]

RETURN OF A BIRTH. 78589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th Nov. 1896
4. Place of Birth, (Street and Number) 1720 Johnson Street
5. Full Name of Mother, Rose Helena
6. Mother's Maiden Name, Gourley
7. Mother's Birthplace, Balto
8. Full Name of Father, William Helena
9. Father's Occupation Conductor B and O
10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1525 Light Street

Remarks, Living Well.

1896000.5230

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st of November 96
4. Place of Birth, (Street and Number) 102 Poigan St
5. Full Name of Mother, Lina Winter
6. Mother's Maiden Name, Lina Schwan
7. Mother's Birthplace, Germany
8. Full Name of Father, Friederich Winter
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kessler Midwife

Address, 2116 W. Pratt St

Remarks.

1 8 9 6 0 0 0 5 2 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 5. And be it further enacted, That it shall be the duty of the Registrar of Vital Statistics to record daily, and sign by the practitioner in the form of a certificate between the first and third day of each and every month after the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, he shall require notice upon the mother, immediately thereafter, it shall become the duty of the person to be in attendance upon the mother, immediately thereafter to make such return as aforesaid; and any such person or persons who shall refuse or neglect to make such return as aforesaid, shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) ~~Col~~

3. Date of Birth, Oct 26 1896

4. Place of Birth, (Street and Number) 1127 E Fayette

5. Full Name of Mother, Ida Lee Carter

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Lewis Carter

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Martha E King

Address, 545 Fairmount ave Hampden city

Remarks,

1896 0005232

That the ... day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within ... days after the birth, the mother of such child shall be required to report its birth to the Commissioner of Health, in the manner and within the period above prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 26 of November 1890
4. Place of Birth, (Street and Number) 1161 West Pratt Street
5. Full Name of Mother, Elizabeth Fallon
6. Mother's Maiden Name, Elizabeth Cassidy
7. Mother's Birthplace, Ireland
8. Full Name of Father, Peter F. Fallon
9. Father's Occupation Police Officer
10. Father's Birthplace, Luzerne Co Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Christina Ward

Address, 1057 Hanover Baltimore Md

Remarks, + 8 9 6 0 0 0 5 2 3 3 City

Said relatives shall be delivered, duly signed by the practitioner in the form of a certificate as herein set forth, and the third copy of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur in the absence of a physician or midwife, or should no other person be in attendance upon the mother, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.)

RETURN OF A BIRTH. 78593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male –
2. Race or Color, (if not of the white race) Colored –
3. Date of Birth, Nov 26th 1896
4. Place of Birth, (Street and Number) 519. Cross alley.
5. Full Name of Mother, Maria Gray –
6. Mother's Maiden Name, – – Moulton
7. Mother's Birthplace, Carolina do Va
8. Full Name of Father, Nelson Gray.
9. Father's Occupation Sailor
10. Father's Birthplace, Carolina do Va –

Name of Medical Attendant, or other person who makes this Return, W. B Hawkins

Address, Green & Mulberry sts

Remarks,

1896 0005234

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health, in the form of a certificate between the first and attendance upon the mother herself, and within the period above required, and child to report its birth to the Commissioner of Health, shall become the duty of the person or persons in any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. te
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27. of November 96
4. *Place of Birth, (Street and Number)*	2232 Frederick Av
5. *Full Name of Mother,*	Mile Heelbert
6. *Mother's Maiden Name,*	Mile Heribo
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wilhelm Heelbert
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Heeler Midwife
Address,	2116 W Pratt St
Remarks,	

8 9 6 0 0 0 5 2 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th of November 96
4. Place of Birth, (Street and Number) 1830 Mt Henry St
5. Full Name of Mother, Lina Duncan
6. Mother's Maiden Name, Lina Derrenberger
7. Mother's Birthplace, Balto
8. Full Name of Father, Carls W. Duncan
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler midwife

Address, 216 W. Pratt St

Remarks,

+ 8 9 6 0 0 0 5 2 3 6

Every birth of a child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the father, mother, or other person in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the use of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] in the form of a certificate between the first and [illegible] every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male,
2. *Race or Color, (if not of the white race)* White,
3. *Date of Birth,* November 28th
4. *Place of Birth, (Street and Number* No 1317 W. Lombard St.
5. *Full Name of Mother,* Mary Maude Simpson,
6. *Mother's Maiden Name,* Benjamin,
7. *Mother's Birthplace,* Cecil Co, Md,
8. *Full Name of Father,* James Simpson,
9. *Father's Occupation,* Coal-dealer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. [signature], M.D.

Address, 721 Columbia Ave.

Remarks,

1 8 9 6 0 0 0 5 2 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 28 96
4. Place of Birth, (Street and Number) 207 E. Montgomery St.
5. Full Name of Mother, Florence E. Lambert
6. Mother's Maiden Name, Bromwell
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Benj. F. Lambert
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary A. X Lambert

Address, 1044 William St. Balto.

Remarks, Mother & child doing well.

1896 0005238

Wm. J. C. Dulany Co., City Printers and Stationers.

said certificate shall be delivered, duly signed by the parents, the date and place of birth, and the name, if any, of such child. And it shall be the duty of the undertaker, or other person having charge of the interment of any dead body, to require and receive a certificate of burial, in the manner and form prescribed by the Commissioner of Health, before such interment shall occur; and every undertaker or other person who shall inter or remove any dead body without such certificate of burial, or who shall fail to return a certificate of burial as required by the Commissioner of Health, shall become liable to the penalty hereinafter provided. It shall be the duty of the person or persons in charge of any vessel arriving at the port of Baltimore from any place within the period above required, and having on board a corpse, to report the same to the Health Officer of the port, and such corpse shall be subject to such regulations as may be prescribed by the Commissioner of Health. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of not less than five nor more than fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report said birth to the Registrar of Vital Statistics, and the person who shall neglect or refuse to make the report as required, and attendance upon the mother, immediately on the accouchement, and within the period of time specified in this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	28th of November 96
4. Place of Birth, (Street and Number)	114 Edison Alley
5. Full Name of Mother,	Anna Crufort
6. Mother's Maiden Name,	Anna Bentle
7. Mother's Birthplace,	Bentle
8. Full Name of Father,	Canfield Crufort
9. Father's Occupation	Molter
10. Father's Birthplace.	Butte
Name of Medical Attendant, or other person who makes this Return,	Friederike Beesler Midwife
Address,	2116 W. Pratt St
Remarks,	

1896 0005239

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Hebrew
3. Date of Birth, Nov. 16th 1896
4. Place of Birth, (Street and Number) 1013 1/2 Low St
5. Full Name of Mother, Becky Braun
6. Mother's Maiden Name,
7. Mother's Birthplace, Poland
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace, Trayster Coppe Engl

Name of Medical Attendant, or other person who makes this Return, Dr. L. Embard

Address, 115 W. Lombard St

Remarks,

18960005240

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, the duty of the person or parents of such child to report the birth immediately thereafter, it shall become and within the period above required, and in case any such person or persons who shall have failed to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

~~78600~~

RETURN OF A BIRTH. 7860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelve

1. Sex, (state whether male or female) Black

2. Race or Color, (if not of the white race) Nov. 10th 1896

3. Date of Birth, 503 Burgundy

4. Place of Birth, (Street and Number) Florence Lot E

5. Full Name of Mother, "

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, [illegible] Carolina

8. Full Name of Father

Father's Occupatio

8960005241

me and occupation to its parents, the date and place of birth; and the
ame, age, occupation and residence of the mother of any child
ated in the office of the Commissioner of Health. In case no other person be in
the city or county at the time of the birth of any child
ny physician or practitioner of midwifery, or of the person or parents of such
ild, who shall neglect or refuse to furnish the certificate required to be
ately thereafter. It shall be the duty of the Commissioner and within the period above recited, to sub-
mit the records of his office to the inspection of the Health Officer, who shall be sub-
stituted for the Commissioner, in the event of his absence or inability to act, and
missioner of Health to comply with the provisions of this section shall be subject
f each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Nov. 22 1896
4. Place of Birth, (Street and Number) 1308 Mayfield
5. Full Name of Mother, Henrietta Pratt
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Unknown
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Frank A. Cooper M.D.

Address, 115 W. Lombard St

Remarks, 18960005242

shall occur without the attendance of a physician or practitioner of midwifery, or woman or other person, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) German

3. Date of Birth, Nov. 29 '96

4. Place of Birth, (Street and Number) 227 S. Mount St

5. Full Name of Mother, Alberta Bushong

6. Mother's Maiden Name, Gruman

7. Mother's Birthplace, Germany

8. Full Name of Father, Labor

9. Father's Occupation

10. Father's Birthplace, Fraks of Corp

Name of Medical Attendant, or other person who makes this Return, 115 W. Lombard St

Address,

Remarks, 1896 0005243

shall occur without the attendance of a physician or practitioner in midwifery, or town in which the birth of such child shall occur, shall, within ten days after the birth, become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) American

3. Date of Birth, Nov. 29 '98

4. Place of Birth, (Street and Number) 3 Bartlett ave.

5. Full Name of Mother, Ella McNally

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace, Franks & Coops U.S.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1896 0005244

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 10
4. Place of Birth, (Street and Number) 5 th ave. Highland Town
5. Full Name of Mother, Cecelia Rakowski
6. Mother's Maiden Name, " Garshinska
7. Mother's Birthplace, Poland
8. Full Name of Father, Stanislaus Rakowski
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kubzka

Address, 604 S. Bond St.

Remarks. 1896 0005245

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 78605

GIVEN NAME ADDED 5-18-77

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Meta~~ Christine Rose

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 15th 1896.
4. Place of Birth, (Street and Number) # 1130 Eutaw St.
5. Full Name of Mother, Martha Rose.
6. Mother's Maiden Name, Martha Rose.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Gustav Ferdinand Rose.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Amalie Boester.

Address, # 1339 Hull St. Balto. Md.

Remarks, 1 8 9 6 0 0 0 5 2 4 6

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 78606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 Nov.
4. Place of Birth, (Street and Number) Shakespeare St. 1010
5. Full Name of Mother, Victoria Reggnen Sabolefska
6. Mother's Maiden Name, "
7. Mother's Birthplace, Poland
8. Full Name of Father, George Reggnen
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mary Krotzka

Address, 602 S Bond St.

Remarks,

1896 0005247

Wm. J. C. Dulany Co., City Printers and Stationers

SAFETY FILM KODAK

GIVEN NAME ADDED 12-10-56

78607

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Martin Halvorsen First

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, November 16th 1896
4. Place of Birth, (Street and Number) 2110 Mura St.
5. Full Name of Mother, Annie Halvorsen
6. Mother's Maiden Name, Annie Williams
7. Mother's Birthplace, Wales, England
8. Full Name of Father, Anton Halvorsen
9. Father's Occupation, Rigger
10. Father's Birthplace, Norway

Name of Medical Attendant, or other person who makes this Return. Walter W. White Jr. M.D.

Address, 1101 N. Broadway.

Remarks,

1896U005248

Any physician or midwife in attendance upon a birth, or any person or parents of such child to report it, who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78a08

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 Nov. 1896
4. Place of Birth, (Street and Number) Bethel St 503
5. Full Name of Mother, Maria Bolinskei
6. Mother's Maiden Name, " Mansorka
7. Mother's Birthplace, Poland
8. Full Name of Father, Frank Bolinskei
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mary Kroska

Address, 602 S Bond St.

Remarks.

8960005249

This Act to take effect from its passage. It shall be the duty of the person or parents of each child born in this City, or the attendant of a physician or practitioner on the case, to report the birth of such child to the Commissioner of Health, in the manner and within the period above specified, and all attendance upon the birth to the Commissioner, or fail to comply with the provisions of this section, shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable by such person or persons who shall have attended upon the case. Any physician or practitioner who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 78609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 March 1st.
4. Place of Birth, (Street and Number) 1523 Caston Avenue.
5. Full Name of Mother, Minnie Hastler
6. Mother's Maiden Name, Summers.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Hastler
9. Father's Occupation Workman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Brett.

Address, 828 d Bond Street. Baltimore Md.

Remarks,

1 8 9 6 0 0 0 5 2 5 0

Every person in attendance on a birth, except the father and mother, shall report the same within six days thereafter to the Commissioner of Health, in the manner and within the time required, and shall specify the number of children born at such birth, and the number of such children then living. Any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Girl

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race)
3. Date of Birth, 21 (Day) January (Month) 1900 (Year)
4. Place of Birth, (Street and Number) 725 S. Bethel Ste.
5. Full Name of Mother, Maggie Ellis
6. Mother's Maiden Name, Leech
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Ellis
9. Father's Occupation Waterman
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S. Bond Ste. Baltimore Maryland

Remarks,

+ 8960005251

Wm. J. C. Dulany Co., City Printers and Stationers.

Whoever shall neglect or refuse to attend a physician or midwife in the discharge of the duty of the person or parents of such child to report the birth as required by this section, or shall refuse or neglect to furnish the information herein required, and shall occur without the attendance of a physician or midwife, shall become the duty of the person or parents of such child to report the birth as required by this section, or shall refuse or neglect to furnish the information herein required, and shall occur without the attendance of a physician or midwife, shall become the duty of the person or parents of such child to report the birth as required by this section, or shall refuse or neglect to furnish the information herein required, and attendance upon such birth to the Commissioner, or fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78611

GIVEN NAME ADDED 6-12-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry John Berg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 22. 96.
4. Place of Birth, (Street and Number) 1231 Sargent St.
5. Full Name of Mother, Anna E. Berg
6. Mother's Maiden Name, ~~Germany~~ Anna E. Renker.
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis H. Berg
9. Father's Occupation Cabinet
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Balage

Address, 711 W. Cross St.

Remarks,

8960005252

shall occur within its limits, it shall become the duty of the person or parents of such illegitimate born, the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 23 1896
4. Place of Birth, (Street and Number) 628 S. Paca St
5. Full Name of Mother, Mary E. Zollickoffer
6. Mother's Maiden Name, Mary E. Berry
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, David K. Zollickoffer Jr.
9. Father's Occupation Newsdealer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Gross St

Remarks,

1 8 9 6 0 0 0 5 2 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur within the city hereafter, it shall become the duty of the person or parents of such child to report the birth to the undersigned, Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately after the birth, to report the same within the time and in the manner required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 December
4. Place of Birth, (Street and Number) 723 N. Bond St.
5. Full Name of Mother, Ena Lucille Smith
6. Mother's Maiden Name, Lester
7. Mother's Birthplace, Germany
8. Full Name of Father, Fried Smith
9. Father's Occupation Workman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, 838 N. Bond St.

Remarks, Mary Crell Baltimore Insane Lunatic 1926

1896 00 0525 24

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the Registrar of the district of residence of such person, he shall report the same to the Registrar of such district, in the manner and within the period above specified, and shall continue so to report from day to day, during the continuance of such attendance; and in case of the death of any such person, without the birth of any child, or the birth of any child without the death of any such person, or persons where there are more than one, the person in attendance who shall wilfully neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

78 614

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 24 1896
4. Place of Birth, (Street and Number) 214 S Durham St.
5. Full Name of Mother, Florence Neal
6. Mother's Maiden Name, Artis
7. Mother's Birthplace, North Carolina
8. Full Name of Father, Charles Neal
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Steiner

Address, 1427 E. Pratt St.

Remarks.

8960005255

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex. (state whether male or female) Male.
2. Race or Color. (if not of the white race)
3. Date of Birth. Nov. 24th 1896
4. Place of Birth. (Street and Number) 128 N. Prad. St.
5. Full Name of Mother, Sophia Bagual.
6. Mother's Maiden Name. Walthers.
7. Mother's Birthplace. Balto. City.
8. Full Name of Father. Chas. E. Bagual.
9. Father's Occupation Candy Manufacturer.
10. Father's Birthplace. New York, N.Y.

Name of Medical Attendant, or other person who makes this Return. Dr. J. D. Tall, M.D.

Address, 1204 Madison Ave.

Remarks. 1896005256

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office or practitioner of midwifery, or should no other person be in attendance at the birth, then the mother herself, of the person or parents of such child to report its birth to the undersigned hereafter fail to comply with the provisions of this section, such person or persons shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. Nov 24 — 1896
4. Place of Birth, (Street and Number) 1519 Eastern Ave.
5. Full Name of Mother, Ollie Mie Masco
6. Mother's Maiden Name, Augustino
7. Mother's Birthplace, Italia
8. Full Name of Father, Valentino Masco
9. Father's Occupation Carpenter
10. Father's Birthplace, Italia

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks.

1 8 9 6 0 0 0 5 2 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or if the person or parents of such child or person in attendance immediately thereafter it shall become and will within the period above required, and upon the next visit to the Commissioner of Health, the same shall be reported to the Commissioner of Health, by the person in attendance upon such birth to the Commissioner of Health, who shall neglect or refuse to comply with the provisions of this section shall be and shall forfeit to the State of Maryland for the use of the City of Baltimore the sum of ten dollars, and in case any person or persons who shall hereafter be convicted of such offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Florence Ethel Glow

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 7

1. Sex, (state whether ~~male or~~ female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Nov - 24 - 1896 - at 1/2 past 8 o'clock P.M.
4. Place of Birth, (Street and Number) 1721 N. Mt. Auburn street
5. Full Name of Mother, Ida L. (Glen) Glow
6. Mother's Maiden Name, Brown
7. Mother's Birthplace, Chester Co. Pa.
8. Full Name of Father, Wm. E. Glow
9. Father's Occupation, Driver and Laborer
10. Father's Birthplace, Coulbourn Co. Md

Name of Medical Attendant, or other person who makes this Return, Josephine Annan - Cooper

Address, 321 Shuter street

Remarks, both well owing to the weather

+ 8960005258

shall occur without the attendance of a physician or midwife, or if it shall become the duty of the person or parents of such child to report its birth to the Commissioners hereafter and within the period above required, and such person or parents shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-1-58

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Emma Mary Neil 4
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 25/96
4. Place of Birth, (Street and Number)	21 W West St
5. Full Name of Mother,	Maggai Neil
6. Mother's Maiden Name,	Maggai Isett
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Andrew Neil
9. Father's Occupation	Salesman
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Bangle
Address,	711 N. Caroline
Remarks,	

8960005259

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician, midwife or other person, it shall become the duty of the person or parents of such child to report its birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and attendance upon the mother, immediately after the birth, and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 25th 1896.
4. Place of Birth, (Street and Number) # 663 W. Barre St.
5. Full Name of Mother, Annie M. O'Connell
6. Mother's Maiden Name, Annie M. Lotz
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Jos. M. O'Connell
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bangle

Address, 711 N. Gross st.

Remarks,

1896 0005260

shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Registrar of Vital Statistics, in the manner and within the period above required, and attendance upon the birth to the Commissioner, and if failure to comply with the provisions of this section shall be made by such person or persons who shall have been in attendance upon the mother, such person or persons shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 25 1896
4. Place of Birth, (Street and Number) 1602 E. Pratt St.
5. Full Name of Mother, Kate Schorback
6. Mother's Maiden Name, Bahlman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Schorback
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Marg Stein

Address 1427 E. Pratt St.

Remarks.

1 8 9 6 0 0 0 5 2 6 1

Every midwife and every person to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any midwife, undertaker, or other person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 25th
4. Place of Birth, (Street and Number) 2417 Parkwood Ave
5. Full Name of Mother, Katie A. Cornwell
6. Mother's Maiden Name, " " Morrissey
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Burt F. Cornwell
9. Father's Occupation, Clerk
10. Father's Birthplace, Albany, N.Y.

Name of Medical Attendant, or other person who makes this Return, John S. Buck

Address, 644 N Lafayette Ave

Remarks, 8960005262

third day of each and every month to the office of the Commissioner of Statistics, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become the duty of the person or persons in charge of the house or tenement in which such birth occurs, without the attendance of a physician or midwife, to report the birth to the Commissioner of Health, in the manner and within the time prescribed by this section. Any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 November

4. Place of Birth, (Street and Number) 702 Cross st

5. Full Name of Mother, Minnie Salomon

6. Mother's Maiden Name, Minnie Salomon

7. Mother's Birthplace, Germany

8. Full Name of Father, Chas Belz

9. Father's Occupation Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Babiye

Address, 711 N. Cross st

Remarks,

1 8 9 6 0 0 0 5 2 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...physician or practitioner of midwifery, or other person, so to act, in attendance at a birth, hereafter, it shall be the duty of the person or parents of such child to report, in writing, to the Commissioner of Health, the said birth, within the period above named, and in the manner and with the forms of this section, and any such person or persons neglecting or refusing to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) -5-

1. Sex, (state whether male ~~or female~~) Male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Nov. 25 - at 1/4 of 12 noon 1886
4. Place of Birth, (Street and Number) 604 S Spring Street
5. Full Name of Mother, Florence Baisden
6. Mother's Maiden Name, ---- Baisden
7. Mother's Birthplace, Md.
8. Full Name of Father, Robert Dorsey
9. Father's Occupation Fruit - employed
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Josephine Amos - Cooper

Address, 921 S Fulton Street

Remarks, well both

+ 8960005264

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a Physician or Midwife, it shall become the duty of the person or parents of such child to report the birth within the period above named, and in the manner and within the period above named, and attendance upon the mother (Commissioner of Health, will comply with the provisions of this section shall be subject to the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 26th 96
4. Place of Birth, (Street and Number) #711 Ramsay St
5. Full Name of Mother, Caroline Grise
6. Mother's Maiden Name, Caroline Helsman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H. A. Grise
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs B Lange

Address, 711 N. Ramsay St.

Remarks,

1 8 9 6 0 0 0 5 2 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Any physician or practitioner of midwifery, or other person who shall offer without the attendance of a physician or practitioner of midwifery, or shall be other person who shall offer attendance upon the mother at the birth of a child, to report such birth to the Commissioner of Health, in the manner and within the time prescribed by law, shall for each and every such person or persons who shall hereafter fail to comply with the provisions of this section, be liable to and subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 78625

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 27th 1896
4. Place of Birth (Street and Number)	# 1152 S. Gilmor St.
5. Full Name of Mother	Maggie D. Dugan
6. Mother's Maiden Name	" Whitney
7. Mother's Birthplace	Baltimore — Maryland
8. Full Name of Father	J. Whitridge Wynne
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore — Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. Ridgely Hammond M. D.
Address	1502 N. Carey St.
Remarks	

1896 0005266

RETURN OF A BIRTH. 78626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 27th 1896
4. Place of Birth, (Street and Number) 509. S. Caroline St.
5. Full Name of Mother, Sarah J. Marshall.
6. Mother's Maiden Name, Sarah Bromley.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, Chas. H. Marshall.
9. Father's Occupation. Pool Room.
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return. Mrs. Anna Lenz. Midwife.

Address, 1539. Aliceanna Street

Remarks,

1896005267

(Act 1896 requires the attendance of a physician or practitioner of midwifery, or person or parents of such child, at every birth, and a return to be made to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and declares that upon the mother, immediately thereafter if shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in writing with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall neglect or refuse to make the report required by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 27 15
4. Place of Birth, (Street and Number) Alice Ann St, 1632
5. Full Name of Mother, Helen Beawak
6. Mother's Maiden Name, " Beodzinska
7. Mother's Birthplace, Poland
8. Full Name of Father Mike Beawak
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kholz Dr.

Address, 602 S. Bond St.

Remarks,

8 7 0 0 0 0 5 2 6 8

Wm. J. C. Dulany Co., City Printers and Stationers

78628

RETURN OF A BIRTH. 78628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 27 — 1896
4. Place of Birth, (Street and Number) 425 S. Central Aves.
5. Full Name of Mother, Barbara E. Jacobson
6. Mother's Maiden Name, Lauman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles C. Jacobson
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fait St

Remarks,

1 8 9 6 0 0 0 5 2 6 9

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE AMENDED Film G522 8/17/78 mm

RETURN OF A BIRTH. 78629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Amelia R. Hecht

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex. (state whether male or female)* Female.
2. *Race or Color. (if not of the white race)* White
3. *Date of Birth.* Nov 27, 1896
4. *Place of Birth, (Street and Number)* 2128 Bolton Ave.
5. *Full Name of Mother,* Sarah Stern Hecht
6. *Mother's Maiden Name,* Sarah Stern
7. *Mother's Birthplace.* Louisville Ind.
8. *Full Name of Father,* Solomon Hecht
9. *Father's Occupation* Manf'r. Shredded Cocoanut
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr. F. Miller Md.

Address. 2126 Bolton Ave

Remarks.

1 8 9 Filed 08962 7 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of the city of Baltimore, and no physician or midwife shall be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78630

GIRL'S NAME ADDED 5/3/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry Franklin Lins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Friday November 27th 1896

4. Place of Birth, (Street and Number) 1231 N. Eutaw St Balto. Md.

5. Full Name of Mother, Mrs Annie Lins

6. Mother's Maiden Name, Annie Summers

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Frederick William Lins

9. Father's Occupation Asst Foreman

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 N Eden st

Remarks,

+ 8 4 6 0 0 0 5 2 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of medicine in the city, or within 10 days after birth in all cases where there is no physician or practioner in attendance, it shall become and within the period above required the duty of the person or parents of such child to report the birth to the Commissioner of Health, and in case either shall be absent from the city, or unable to comply with the provisions of this section, such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Andrew Jegierski

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 November
4. Place of Birth, (Street and Number) 1620 Eastern Avenue
5. Full Name of Mother, Melanie Jegierska Jegierski
6. Mother's Maiden Name, Holanska
7. Mother's Birthplace, Pole
8. Full Name of Father, Frank Jegierski Jegierski
9. Father's Occupation Tailor
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return,

Address, 838 S. Broadway

Remarks, Both Mary Balto. Md.

+ 8 9 6 0 0 0 5 2 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

been correctly as sex, color, the full name and residence of the mother in the form of a certificate between the first and said schedule shall be delivered, duly signed by the attending physician or midwife, or should no other person as afore- third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person as afore- said reside within the city, then it shall become the duty of the owner or occupier of the house in which such child is born, within the period above required, and such owner or occupier shall be liable to a penalty of ten dollars for failure to comply with the provisions of this section shall be sub- ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, November 28 1896
4. Place of Birth, (Street and Number) 19 Sweet Church st
5. Full Name of Mother, Mary Lissie Beth Dickerson
6. Mother's Maiden Name, Mary Lissie Beth Dickerson
7. Mother's Birthplace, Louisa County Va
8. Full Name of Father, J B Dickerson
9. Father's Occupation, Louisa County Va
10. Father's Birthplace, Louisa County Va

Name of Medical Attendant, or other person who makes this Return, Lucas Burnett Hands fee 1.00 Reported

Address, Lucas Burnett Hands fee 1.00 Reported

Remarks, 1896000527 3

shall report within the time prescribed by law the birth of the person or parents of such child to report the birth of such person, and any such person who shall hereafter fail to comply with the provisions of this section shall be liable, upon conviction, to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 28th 1896
4. Place of Birth, (Street and Number) 514 Roberts st
5. Full Name of Mother, Katie Tormey
6. Mother's Maiden Name, Fain
7. Mother's Birthplace, Balto.
8. Full Name of Father, J Lee Tormey
9. Father's Occupation Waterman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas Eastman

Address,

Remarks,

1896 0005274

shall bear a like fine unless the attendance of a physician or practitioner of midwifery, or should no other person as an attendant be present, the mother herself. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 Head

1. Sex, (state whether male or female) mail
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Nov 28
4. Place of Birth, (Street and Number) Bruce St 614
5. Full Name of Mother, Mary Le Bet St mary Co Md
6. Mother's Maiden Name, Mary Le Rich
7. Mother's Birthplace, St Mary Co
8. Full Name of Father, Dandridge Rich
9. Father's Occupation, Laborer
10. Father's Birthplace, Richmond Co

Name of Medical Attendant, or other person who makes this Return, Carline Green

Address, 1066 Raburg St.

Remarks, nothing

B 9 6 0 0 0 5 2 7 5

Wm. J. C. Dulany Co., City Printers and Stationers

Third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, by the physician or midwife, or, should no other person be in attendance, by the householder or owner of the premises where such birth occur without the attendance of a physician or midwife, or by the keeper of any institution where such birth occurs; and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28th of Nov. 1896

4. Place of Birth, (Street and Number) Baltimore city 2410 Fait Av.

5. Full Name of Mother, Mary Elizabeth Bollet

6. Mother's Maiden Name, Mary Elizabeth Creamer

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, William Henry Bollet

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Creamer

Address, Patapsco rich Balto. County Md.

Remarks,

B 9 6 0 0 0 5 2 7 6

third day of each and every month to the office of the Commissioner of Health, or shall not other person being present at the birth shall report the same to the Commissioner of Health, in the manner and within the time required, and attend to the duties imposed upon the mother, immediately after the birth of such child, by the rules and regulations of the Board of Health, in the manner and within the time required, and child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 78636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex. (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth. Nov 28/96

4. Place of Birth. (Street and Number) 909 S. Fremont St

5. Full Name of Mother, Catherine Jay

6. Mother's Maiden Name. [illegible]

7. Mother's Birthplace, Va

8. Full Name of Father. Jacob Jay

9. Father's Occupation, Inspector B&O R.R.

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return Jno L. Blanco M.D.

Address. 620 S. Broadway

Remarks. 8960005277

Sec. 1. A child shall occur without the attendance of a physician or of a person acting as such, the birth of such child shall become the duty of the parent or parents of such child, or in the case of the absence, inability or neglect of the parent or parents, the duty of any other person to be in attendance upon the parent at the birth to the Board of Health within ten days after the birth of such child, and within the period above mentioned, a report of such birth, stating the name, age, residence and occupation of the parents, and the sex and color of the child, and the time and place of birth, and the name of the physician or person in attendance upon the parent at the birth to the Board of Health within ten days after the birth of such child, and within the period above mentioned, a report of such birth, stating the name, age, residence and occupation of the parents, and the sex and color of the child, and the time and place of birth, and the name of the physician or person in attendance upon the parent at the birth of such child, and the duty of any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

...NG. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 November
4. Place of Birth, (Street and Number) 935 Bruce St.
5. Full Name of Mother, Esther Rabel
6. Mother's Maiden Name, Fries
7. Mother's Birthplace, Germany
8. Full Name of Father, John Rabel
9. Father's Occupation Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bangle

Address, 711 N Grove st

Remarks,

1 8 9 6 0 0 0 5 2 7 8

This duty to attend the birth of a child devolves on the physician or practitioner or midwife, or should no other person be in attendance, then the nearest relative present at the birth of the person or parents of such child shall cause the same to be reported in the manner and within the period above required, and all persons upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner; and it shall be the duty of the Commissioner first to comply with the provisions of this section, shall be liable to any such person or persons who shall neglect or refuse to comply with the provisions of this section, and forfeitures are recoverable. Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 & Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th November 1896
4. Place of Birth, (Street and Number) No 1626 E. Fort Ave. Locust Point
5. Full Name of Mother, Mary McNally
6. Mother's Maiden Name, " Kelly
7. Mother's Birthplace, England
8. Full Name of Father, Thomas McNally
9. Father's Occupation Labor
10. Father's Birthplace, England
Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaffler
Address, No 1703 E Fort Ave Locust Point
Remarks,

1 8 9 6 0 0 0 5 2 7 9

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of every birth which shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and with the particulars required, and of every child born alive which shall become dead within the period above required, and of every child born dead after the period of gestation at which the same will be considered as born alive. Any person or persons who shall hereafter fail to make such return, or make a false return, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3 Date of Birth, Sunday, Nov 29, 96.

4. Place of Birth, (Street and Number) 402 Rolandave, Roland Park

5. Full Name of Mother, Mrs Nellie Caldwell

6. Mother's Maiden Name, Nellie Topp

7. Mother's Birthplace, City

8. Full Name of Father, Herbert Claiborne Caldwell

9. Father's Occupation, Journalist

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Henry Lloyd Roland Park

Address,

Remarks, 1896 0005280

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 29th 1896
4. Place of Birth, (Street and Number) 820 Eager St.
5. Full Name of Mother, Lillian Baxter
6. Mother's Maiden Name, Lizzie
7. Mother's Birthplace, Talbot Co. Md.
8. Full Name of Father, John A. Baxter
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Keth. O. Giddings M.D.

Address, 1.8 Eager St.

Remarks, 1896000528 1

Any physician or practitioner of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parent of such child to report the birth to the Commissioner of Health, in the manner and within the time prescribed by section 11 of ordinance approved May 1st, 1894, and any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 78641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth. Thirty first January 1878
4. Place of Birth, (Street and Number) #1232 E. Eager St.
5. Full Name of Mother, Catherine Lehmair.
6. Mother's Maiden Name, Bittinger.
7. Mother's Birthplace, John G. Dietz
8. Full Name of Father, Tailor
9. Father's Occupation 73 Stanley
10. Father's Birthplace, Wm. Christian Lehmair

Name of Medical Attendant, or other person who makes this Return, 1057 Harford Ave. 73 Stanley Md

Address, C. P.

Remarks.

8960005282

Wm. J. C. Dulany Co., City Printers and Stationers.

Every day of each and every month to the office of the Commissioner of Health, as aforesaid, a certificate of the birth of each child born within the limits of said city, which certificate shall be signed by the midwife, or physician or practitioner of midwifery, or the person or parents of such child, or other person who shall have been present at the birth of such child, or in attendance upon the mother thereafter; and if any midwife, physician or practitioner of midwifery shall neglect or refuse to report in the manner and within the period above mentioned the birth of any child born or delivered by her or him, or to comply with the provisions of this section in any such respect, such person so offending shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	29th Nov 1896
4. *Place of Birth, (Street and Number)*	1818 Light Street
5. *Full Name of Mother,*	Rose Lowry
6. *Mother's Maiden Name,*	Straus
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Clarence Lowry
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	1828 Light Street
Remarks.	Long Well.

1 8 9 6 0 0 0 5 2 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 29th 1896
4. Place of Birth, (Street and Number) 720 Mc Henry St.
5. Full Name of Mother, Annie Dora Rehmert
6. Mother's Maiden Name, Annie Dora Gohlinghorst
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August W. Rehmert
9. Father's Occupation Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this return, Mrs Bange

Address, 711 W Cross St.

Remarks,

+ 8 9 6 0 0 0 5 2 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the [illegible] midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the time above required, and shall occur without the knowledge of a physician or midwife, the person who shall become the duty of the person above required, and attendance upon the mother, immediately thereafter, in the manner and within the time above required, and shall neglect or refuse to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether ~~male~~ or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Nov. 25-1926 at 5-min of 2 oclock P.M
4. Place of Birth, (Street and Number) 203-N Durham Street
5. Full Name of Mother, Mary A. Young
6. Mother's Maiden Name, ---- Goldsboro
7. Mother's Birthplace, New Jersey
8. Full Name of Father, Thomas H. Young
9. Father's Occupation Labor
10. Father's Birthplace, Dorchester Md.

Name of Medical Attendant, or other person who makes this Return, Joselshine. amos - Cooper

Address, 821 Shuler Street

Remarks, well as can expect -

Balto 8 7 6 0 0 5 2 8 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female - MILDRED
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 29. 1896.
4. Place of Birth, (Street and Number) 1502 W. Baltimore St.
5. Full Name of Mother, Olga Goldberg
6. Mother's Maiden Name, Olga Lapatin
7. Mother's Birthplace, Russia
8. Full Name of Father, Sam Goldberg
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Wm. Rubenstein

Address, 105 W. Barre Str.

Remarks, 18960005286

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as required and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 30th
4. Place of Birth, (Street and Number) 1320 Pennsa Ave
5. Full Name of Mother, Maggie A. Boosle
6. Mother's Maiden Name, " McDonald
7. Mother's Birthplace, Balto City
8. Full Name of Father, Jos H. Boosle
9. Father's Occupation Baker
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Thos S Huck

Address, 647 W Lafayette Ave

Remarks, 1896 0005287

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30 November

4. Place of Birth, (Street and Number) 252 Sargent st.

5. Full Name of Mother, Nora Kenny.

6. Mother's Maiden Name, Rudsel

7. Mother's Birthplace, Balto.

8. Full Name of Father, Wm Kenny

9. Father's Occupation Glass Blower

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Bangle

Address, 711 N. Eutaw st.

Remarks,

B 9 6 0 0 0 5 2 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the Registrar of Vital Statistics, or should no other person be in attendance upon the mother, immediately after the birth of a child, it shall become the duty of the person or persons in charge of such institution to report the birth of such child to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30th Nov. 18[illegible]
4. *Place of Birth, (Street and Number)* 1734 Patapsco Street
5. *Full Name of Mother,* Kate Butler
6. *Mother's Maiden Name,* " Cunnigan
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Butler
9. *Father's Occupation* Marble Polisher
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1828 Light Street

Remarks, Doing Well.

8960005289

[illegible] month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, November 30th 1896.

4. Place of Birth, (Street and Number) 142 Riverside Ave.

5. Full Name of Mother, Annie Fabrizio

6. Mother's Maiden Name, Kivitski

7. Mother's Birthplace, Germany

8. Full Name of Father, Gerhart Klein

9. Father's Occupation Harness maker

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Robt. P. Schmidt M.D.

Address, 1418 Riverside Ave.

Remarks,

8960005290

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 30th November
4. Place of Birth, (Street and Number) 711 Little Green Str.
5. Full Name of Mother, Magge Nützel
6. Mother's Maiden Name, Kestler
7. Mother's Birthplace, Germany
8. Full Name of Father, John Nützel
9. Father's Occupation Saloon
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 800 Leadenhall Street

Remarks.

6 9 6 0 0 0 5 2 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth must be reported within one month to the office of the Commissioner of Health. In case the child of any family shall die before the third day of each and every month a physician or practitioner of midwifery, or the city of the person or parents of such child, as the case may be, shall report to the Commissioner of Health in the manner and within the period above specified the name, residence and date of birth of such child, and the name, residence and attendance upon such birth; and should no other person be in attendance upon such birth so to the Commissioner of Health to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 — 30 — 96

4. Place of Birth, (Street and Number) Reisterstown Road

5. Full Name of Mother, Emma R Wiehl

6. Mother's Maiden Name, " " Robenstein

7. Mother's Birthplace, Penna

8. Full Name of Father, Henry N. Wiehl

9. Father's Occupation Contractor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, L. F. Flamm

Address, 2470 West Fayette

Remarks, 8960005292

Every day of each and every month a certificate of every birth occurring within his practice, or which he has been called to attend, shall be made by every physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it, shall become the duty of the person or persons of such child's parents residing nearest to the house in which such birth occurs, to report the same as required by this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A [illegible]IRTH. 78652

To the Office of Registrar of Vital Statistics, Boar[illegible] Health, Baltimore City.

Name: Walter C. Heinecke[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 30th 1901
4. Place of Birth, (Street and Number) 1506 Bank St. Heinecke
5. Full Name of Mother, Agnes Elsie (Emma) Heinecke
6. Mother's Maiden Name, " " Ilgard
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Rudolph C. (Christian) Heinecke
9. Father's Occupation Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. P. C. [illegible] M.D. 1550 Ramsay

Address,

Remarks,

5 9 6 0 0 0 5 2 9 3

said schedule shall be delivered, duly signed by the proper person as the law directs, to the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the city limits, and the parents thereafter shall become the residents of the city, the said schedule shall be delivered, signed by the proper person as the law directs, to the Registrar of Vital Statistics, Board of Health, Baltimore City, immediately thereafter. It shall become the duty of the physician or practioner or midwife, or should no other person be in attendance, then of the father or mother of any child born without the limits of the city, within the period above required, and should either of them reside within the city limits at the time of the birth of such child, to report its birth to the Commissioner of Health. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CHILD NAME ADDED 12-10-59

RETURN OF A BIRTH

78653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) John Henry Stinchcum

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth. Nov 30/1896
4. Place of Birth, (Street and Number) 3082 Cedar Ave
5. Full Name of Mother, Annie Louisa Stinchcum
6. Mother's Maiden Name. " " Barnes
7. Mother's Birthplace. Westminster Md.
8. Full Name of Father, Edward Stinchcum
9. Father's Occupation R.R. Brakeman
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return. Wm A. Tedeman M.D.

Address. 2102 Chestnut Ave

Remarks.

8960005294

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 December
4. Place of Birth, (Street and Number) 1516 Thames Str.
5. Full Name of Mother, Nicholina Hostelsky
6. Mother's Maiden Name, Frankowsky
7. Mother's Birthplace, Pole
8. Full Name of Father, Frank Hostelsky
9. Father's Occupation, Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return,

Address, 838 S. Bond Str.

Remarks, Mary Bell.

1896 Baptized 5295 Maryland 1896

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, or person who shall attend at the birth of a child, shall report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, and if no midwife or physician or professional person shall attend at the birth of a child, the father, mother, householder or owner of the premises where the birth occurs shall report the same within ten days after the birth, and if the birth occurs in an institution, the person in charge thereof shall report the same within ten days after the birth. Every midwife, or person who shall attend at the birth of a child, shall, on or before the third day of each and every month, report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the name of each child born during the preceding month at which she shall officiate as midwife, or at the birth of which she shall be present in attendance of a physician or professional person, or should no other person be in attendance, and if a midwife shall become the duty of the person on whom the duty of reporting the birth of a child devolves by this section shall be required, and shall occur upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 30th 1896
4. Place of Birth, (Street and Number) 735 Linden Avenue
5. Full Name of Mother, Maggie England
6. Mother's Maiden Name, " Kilbrick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William England
9. Father's Occupation, Agent
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. C McWodson

Address, 1408 Madison Avenue

Remarks, 1896 0005296

Every physician or midwife in attendance upon a birth, shall, on or before the third day of each and every month, report to the office of the Commissioner of Health, all births which shall occur within the month immediately preceding, in the manner and within the period which shall be prescribed by the Commissioner of Health; and any physician or midwife who shall neglect or refuse to report his or her attendance upon a birth, as required by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Every householder in whose house a birth shall occur, and in case there be no householder, then the person having charge of the house in which a birth shall occur within the limits of Baltimore City, shall, within the period prescribed by the Commissioner of Health, report the birth to the Commissioner of Health, in the manner and within the period prescribed by the Commissioner of Health; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 7865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 1st 96

4. Place of Birth, (Street and Number) 2231 Mura

5. Full Name of Mother, Agnes Dudrow

6. Mother's Maiden Name, " Eagan

7. Mother's Birthplace, Va

8. Full Name of Father, John C Dudrow

9. Father's Occupation, Carpenter

10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary A Murall

Address, 1438 N. Bond St

Remarks,

0 9 6 0 5 0 5 2 9 7

rphy & Co., City Printers and Stationers.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should up other person be in attendance upon the Commissioner of Health, in the manner and within the period above required, and any such person refuse, fail or neglect to make such return as required by this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 1th November 1895.
4. *Place of Birth, (Street and Number)* 1298 E. Hare street
5. *Full Name of Mother,* Marie Schlminska.
6. *Mother's Maiden Name,* Wischnefska.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Johan Schminski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, M. P. Liebermann

Address, 2922 Elliott st.

Remarks,

5960005298

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78658

GIVEN NAME ADDED, 2-8-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Fannie F.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Nov. 1 / 96
4. Place of Birth, (Street and Number) 735 S. Montford Ave.
5. Full Name of Mother, Dora Menkens
6. Mother's Maiden Name, Finkmeier
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Menkens
9. Father's Occupation Tailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Diesenhofer

Address. 241 S. Washington St

Remarks.

8960005299

Wm. J. C. Dulany Co., City Printers and Stationers.

Within ten days from the birth of each and every child hereafter born alive in this city, it shall be the duty of the physician or midwife in attendance upon the mother, or other person who shall be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and if there be no such person in attendance upon the mother, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W.A.
3. *Date of Birth,*	Nov. 1/46
4. *Place of Birth, (Street and Number)*	2015 Pulaski St.
5. *Full Name of Mother,*	Mrs Chas. A. Foster
6. *Mother's Maiden Name,*	Annie L. Walters
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Chas. A. Foster
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Washington D.C
Name of Medical Attendant, or other person who makes this Return,	Ed Gruel M.D.
Address,	2531 Penna. Ave
Remarks.	

8960005300

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. And be it further ordained, That it shall be the duty of any physician or midwife in attendance upon the birth of any child, or of any person who shall be present at the birth of any child, if there be no physician or midwife in attendance upon the birth of such child, or of the person or parents of such child, if there be no physician or midwife in attendance upon the birth of such child, to report in writing to the Commissioner of Health, the birth of such child, and such other particulars as may be required by the Commissioner of Health, within ten days after the birth of such child, and to comply with the provisions of this ordinance in all respects within the time and manner herein required; and any person who shall neglect or refuse to report as aforesaid, or to comply with the provisions of this ordinance in all respects within the time and manner herein required, shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore City, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 2, 96

4. Place of Birth, (Street and Number) 633 Cross St

5. Full Name of Mother, Elizabeth West

6. Mother's Maiden Name, Hartman

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Eugene West

9. Father's Occupation Machinist

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1600 Hanover St

Remarks.

8960005301

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month, a physician or practioner of midwifery, or should no other person be in attendance, then the father or mother of such child, or the occupier of the premises where such birth shall occur without the attendance of a physician or practioner of midwifery, shall become the duty of the person required, and attendance upon the mother, immediately after the birth of such child, to report the particulars of this section to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78661

GIVEN NAME ADDED 5-14-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie Frieda ~~Rosine~~ Luers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 2/96
4. Place of Birth, (Street and Number) 529 S. Rose St.
5. Full Name of Mother, Lina Luers
6. Mother's Maiden Name, Molde
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Luers
9. Father's Occupation Stevendore
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, ex 1. S. Washington St.

Remarks, 8960005302

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 78662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Birth of any child born hereafter to be returned immediately thereafter. It shall become the duty of the person or persons in charge of any house, tenement or apartment in which a birth shall occur, to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 2nd 96
4. *Place of Birth, (Street and Number)* 630 N. Washington
5. *Full Name of Mother,* Emma Richardson
6. *Mother's Maiden Name,* " Nutrill
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Charles Richardson
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E. Worrell

Address, 1438 N. Bond St

Remarks,

...phy & Co., City Printers and Stationers.

1 8 9 6 0 0 0 5 3 0 3

RETURN OF A BIRTH 78663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. Nov 2/99
4. Place of Birth, (Street and Number) 925 Boyd St
5. Full Name of Mother, Johanna Gaffney
6. Mother's Maiden Name, Nelson
7. Mother's Birthplace, Ireland
8. Full Name of Father, Wm Gaffney
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs O'Hayer

Address, 924 Hollins St

Remarks,

8960005304

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the first day of January, eighteen hundred and ninety-one, it shall be the duty of every physician or midwife who shall attend upon any case of birth occurring within the limits of Baltimore City, and of the person having charge of the house in which such birth shall occur, if there be a physician or midwife in attendance upon the mother, and if not, then of the mother herself, and of the nearest relative present, or in the house, or in the immediate neighborhood of such birth, and of every undertaker who shall be employed to bury the body of any child dead at birth, to report such birth to the Commissioner of Health. It shall be the duty of the person or persons required to report a birth to the Commissioner of Health, as aforesaid, to make such report within ten days next after the occurrence of such birth, and every such person who shall neglect or refuse to comply with the provisions of this section shall be guilty of a misdemeanor, and subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 9th November, 1896
4. Place of Birth, (Street and Number) 1230 Hare st.
5. Full Name of Mother, Antona Schalla.
6. Mother's Maiden Name, Rockenbitzki
7. Mother's Birthplace, Ungarn.
8. Full Name of Father, Johan Schalla.
9. Father's Occupation Tabaker.
10. Father's Birthplace, Ungarn.

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Liersemann.

Address, 2922 E. Biddle st.

Remarks, 8960005305

Any of each and every month of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report all the particulars required, and in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 135 Luzerne Street
4. Place of Birth, (Street and Number) November 3d 1896
5. Full Name of Mother, Anna Sauer
6. Mother's Maiden Name, Anna Kuhn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Sauer
9. Father's Occupation Dealer in Ale
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H. Brose Midwife

Address, 1922 E Fayette Street

Remarks, 8760005306

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person so required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 2/06
4. Place of Birth, (Street and Number) 27 S Washington St.
5. Full Name of Mother, Maggie Eichenberg
6. Mother's Maiden Name, " Hack
7. Mother's Birthplace, Germany
8. Full Name of Father, Fred. Eichenberg
9. Father's Occupation Cigarmaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 241 S. Washington St.

Remarks. 1 8 9 6 0 0 0 5 3 0 7

third day of each and every month to the office of the Registrar of Vital Statistics, and should no other person be in attendance upon birth, it shall become the duty of the person or persons required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons required, and attendance upon birth, it shall become the duty of the person or persons required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons required, and duly sworn, to make return to the Commissioner of Health, in the manner and within the period above required, and duly sworn, to make return to the Commissioner of Health, in the manner and within the period above required, and duly such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 3/96
4. *Place of Birth, (Street and Number)* 13 N. Wolfe Str.
5. *Full Name of Mother,* Alice M. Roberts
6. *Mother's Maiden Name,* " " Kelso
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Joshua H. Roberts
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington Str.

Remarks, 1896000005308

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 4/96
4. Place of Birth, (Street and Number) 2509 Fairmount Ave.
5. Full Name of Mother, Emma Gluth
6. Mother's Maiden Name, Zilke
7. Mother's Birthplace, Germany
8. Full Name of Father, Reinhold Gluth
9. Father's Occupation Saloonkeeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. Reisenhofer

Address, 241 E. Washington St.

Remarks, 8960005309

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring in this city shall be reported to the office of the Commissioner of Health. It shall be the duty of each physician, midwife or other person in attendance upon the mother at any birth occurring in this city, to report such birth to the Commissioner of Health, on the blank furnished for that purpose, within the first ten days of the month following the occurrence of such birth; and in case there shall be no physician, midwife or other person in attendance upon the mother at any birth occurring in this city, it shall be the duty of the father or mother of the child, or the householder or owner of the premises where such birth occurs, to report such birth to the Commissioner of Health, in the manner provided in this section, within the first ten days of the month following the occurrence of such birth. And it shall be the duty of the Commissioner of Health, in the manner provided in this section, to report to the Commissioner of Street Cleaning, on or before the third day of each and every month to the names of all persons who shall have failed to report any birth which shall occur without the attendance of a physician, midwife or other person, as hereinbefore provided, and the Commissioner of Street Cleaning shall thereupon cause the person so reported to be notified, and if such person shall neglect or refuse to report such birth within ten days after such notification, he shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 5/96
4. Place of Birth, (Street and Number) 1020 Hollins St
5. Full Name of Mother, Mary Long Cummings
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Long
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs O'Hayer

Address, 924 Hollins St

Remarks, 18960005310

...every ninth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter, in the manner and within the period above required, and in accordance with the provisions of this section, the duty of the person or parents of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section, shall devolve upon such person or persons with like effect. Any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 6/96
4. Place of Birth, (Street and Number) 9. S. Chappele Sa.
5. Full Name of Mother, Theresia Schmidt
6. Mother's Maiden Name, " Hoff
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Schmidt
9. Father's Occupation Cannacker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 241 S. Washington St.

Remarks, 8960005311

Every birth in each and every month to the office of the Commissioner of Health, within the first third day of each and every month to the office of the Commissioner of Health, of which no other notice shall be in said office, and the Physician or Midwife who shall neglect to report such birth as aforesaid, shall forfeit and pay the sum of five dollars for each child so neglected to be reported. If the birth occurs in the absence of a physician or midwife, the parent or person in charge of such child is required to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 9th
4. Place of Birth, (Street and Number) 627 S. Castle Str.
5. Full Name of Mother, Maggie Strohecker
6. Mother's Maiden Name, Girl
7. Mother's Birthplace, Germany
8. Full Name of Father, Bernhardt Strohecker
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 241 S. Washington St.

Remarks, 1896000531 2

Wm. C. Dulany Co., City Printers and Stationers.

Any person who shall refuse or neglect to make a return of the birth of any child to the Commissioner of Health, within the time prescribed by law, or shall make any false return of such birth, or shall refuse or neglect to answer such questions as may be put to him by the Commissioner of Health, touching the premises, or any of them, or shall make any false answer to such questions, or shall refuse or neglect to give such information as he may have in his power touching the premises, or any of them, shall forfeit to the Commissioner of Health, for the use of the City, the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

Any person who shall neglect or refuse to make a return of the birth of any child, as required by law, or shall make any false return of such birth, or shall refuse or neglect to answer such questions as may be put to him by the Commissioner of Health, touching the premises, or any of them, or shall make any false answer to such questions, or shall refuse or neglect to give such information as he may have in his power touching the premises, or any of them, shall forfeit to the Commissioner of Health, for the use of the City, the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

Any person who shall neglect or refuse to make a return of the birth of any child, as required by law, or shall make any false return of such birth, or shall refuse or neglect to answer such questions as may be put to him by the Commissioner of Health, touching the premises, or any of them, or shall make any false answer to such questions, or shall refuse or neglect to give such information as he may have in his power touching the premises, or any of them, shall forfeit to the Commissioner of Health, for the use of the City, the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

Any person who shall neglect or refuse to make a return of the birth of any child, as required by law, or shall make any false return of such birth, or shall refuse or neglect to answer such questions as may be put to him by the Commissioner of Health, touching the premises, or any of them, or shall make any false answer to such questions, or shall refuse or neglect to give such information as he may have in his power touching the premises, or any of them, shall forfeit to the Commissioner of Health, for the use of the City, the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 7/96
4. Place of Birth, (Street and Number) 2107 Rosey Av.
5. Full Name of Mother, Francis Gittner
6. Mother's Maiden Name, Romaniski
7. Mother's Birthplace. Germany
8. Full Name of Father, John Gittner
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington St.

Remarks, + 8 9 6 0 0 0 5 3 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Cold,
3. Date of Birth, Nov. 8/96
4. Place of Birth, (Street and Number) 1614 Linden Ave.
5. Full Name of Mother, Mrs Wm Lee
6. Mother's Maiden Name, Annie V Butler
7. Mother's Birthplace, Maryland
8. Full Name of Father, Wm Lee
9. Father's Occupation Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, E A Smith M.D.

Address, 2531 Penna. Ave

Remarks, 1 8 9 6 0 0 0 5 3 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Nov. 10/96
4. Place of Birth, (Street and Number) 1012 N. Mount St.
5. Full Name of Mother, Mrs. Jamie Barbaches
6. Mother's Maiden Name, Jamie Carroll
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, George Barbaches
9. Father's Occupation Paper rules
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, C. A. Smick M.D.

Address, 25 E Penna. Ave

Remarks, 18960005315

Wm. J. C. Dulany Co., City Printers and Stationers.

Each day of each and every month to the office of the Commissioner of Health. It is the duty of the midwife in attendance upon the mother, immediately after birth, or should no other person be in attendance upon the mother, immediately after birth, in the manner and within the time prescribed by this section, to report the birth to the Commissioner of Health, in the manner and within the time prescribed by this section, shall be subject to the fine of ten to twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 1896
4. Place of Birth, (Street and Number) 73 Fremont Ave
5. Full Name of Mother, Barbara Geller
6. Mother's Maiden Name, Barbara Fuhrbeck
7. Mother's Birthplace, Germany
8. Full Name of Father, John Geller
9. Father's Occupation Woodworker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Geo. L. Snyder

Address, 22 Eastern Ave

Remarks, 8960005316

said schedule shall be delivered, duly signed by the proper informant, to the Registrar of the district in which the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the birth, the mother herself, if able, shall become the duty of delivering such schedule as herein required, and within ten days after the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XIIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 21 96
4. Place of Birth, (Street and Number) 2417 Orleans St.
5. Full Name of Mother, Mary Kappel
6. Mother's Maiden Name, n Kösmeh
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Kappel
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Wm. Deisenhofer

Address, 2401 E. Washington St.

Remarks. 8960005317

Wm. J. C. Dulany Co. City Printers and Stationers

CERTIFICATE CORRECTED 10-30-51

RETURN OF A BIRTH. 7867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John W. Hampel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov. 8 (23) 96
4. Place of Birth, (Street and Number)	2029 Herbert St.
5. Full Name of Mother,	Mrs Katie (Stempel) Hampel
6. Mother's Maiden Name,	Mrs Katie (Mützel) Mützel
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Wm (Stempel) Hampel
9. Father's Occupation	Laborer
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M.D.
Address,	2531 Penna. Ave.
Remarks,	8960005318

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 14 1918.
4. Place of Birth, (Street and Number) 1518 E. Fayette St.
5. Full Name of Mother, Eleonora Fischer
6. Mother's Maiden Name, Tebelmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Fischer
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2415 E. Washington St.

Remarks, 8960005319

The Registrar of Vital Statistics shall require the return of every birth to his office within the first ten days after the occurrence thereof, and every midwife or person who shall attend upon any birth shall, within the first ten days after the occurrence thereof, make a return of such birth to the office of the Registrar of Vital Statistics, and every midwife or person who shall attend upon any birth shall, within the first ten days after the occurrence thereof, make a return of such birth to the Commissioner of Health, in the manner and within the period above specified, and every such midwife or person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 13 1926
4. Place of Birth, (Street and Number) 603 Pine St.
5. Full Name of Mother, Kate Morris
6. Mother's Maiden Name, Kate Isaacs
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edward Morris
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mary L. Sessums

Address, 624 Lanvale St.

Remarks, 8960005320

said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the limits of the city, the said schedule shall be delivered, duly signed, at the office aforesaid within the third day of each and every month, as aforesaid, by the physician or practioner of midwifery, or other person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur within the limits of the city, and the same shall not be reported as aforesaid within the period above required, and also where such birth occurs without the city, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health. In case the birth of any child shall occur within the limits of the city, and the same shall not be reported as aforesaid within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 0

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 13 96
4. *Place of Birth, (Street and Number)* 12 E Pratt St
5. *Full Name of Mother,* Rachel Feinberg
6. *Mother's Maiden Name,* Rachel Tabert
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* H. Feinberg
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Simon Sadler

Address, 700 E Baltimore St

Remarks, 8 9 6 0 0 0 5 3 2 1 Sad

Sec. 3. Be it further ordained, That it shall be the duty of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person attend as required by the first section of this ordinance within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child's name: Patrick ~~Martin Herold~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 13/96
4. *Place of Birth, (Street and Number)* 1829 E. Lombard St.
5. *Full Name of Mother,* Mary A. ~~Herbold~~ Herold
6. *Mother's Maiden Name,* " " Jones
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John ~~Herbold~~ Herold
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Theo. Deinenhofer M.D.

Address, 241 S. Washington St.

Remarks, 1896000005322

said schedule shall be delivered, duly signed by the [illegible] Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 821 Saginaw Ave
4. Place of Birth, (Street and Number) Nov 19 96
5. Full Name of Mother, Babette Wagner
6. Mother's Maiden Name, " Mertz
7. Mother's Birthplace, Germany
8. Full Name of Father, Edward Wagner
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Walker

Address, 1605 Walker St

Remarks, 1 8 9 6 0 0 0 5 3 2 3

In case the birth of any child shall occur without the city of Baltimore, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Wht.

3. Date of Birth, Nov 13/16

4. Place of Birth, (Street and Number) 2011 Walbrook Ave.

5. Full Name of Mother, Mrs Minnie Abbott

6. Mother's Maiden Name, Minnie Shipley

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Wm R. Abbott

9. Father's Occupation Boiler maker

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, E A Smith M.D.

Address, 2531 Penna Ave

Remarks, 8960005324

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

78684

GIVEN NAME ADDED 13-12-6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Howard L. Martin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 13 - 96

4. Place of Birth, (Street and Number) 1411 Federal

5. Full Name of Mother, Emma D Martin

6. Mother's Maiden Name, " " Cheney

7. Mother's Birthplace, Balto

8. Full Name of Father, Harry C. Martin

9. Father's Occupation, Telegrapher

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary A. Caldwell

Address, 1438 N Bond St

Remarks, 1 8 9 6 0 0 0 5 3 2 5

If any child shall occur without the attendance of a Physician or Midwife, it shall be the duty of the parent or parents of such child to report the birth to the Registrar, immediately thereafter it shall be the duty of the person or persons in attendance upon the mother at the birth of any child to report the birth to the Registrar within the period above required, and a like report is required of the Householder in case the mother shall be in attendance upon herself. The Commissioner of Health, in the enforcement of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Kelly & Co., City Printers

RETURN OF A BIRTH. 78685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color. (if not of the white race)* colored
3. *Date of Birth,* Oct 14, 1896
4. *Place of Birth, (Street and Number)* 819 Argyle St.
5. *Full Name of Mother,* Lavinia Rotch
6. *Mother's Maiden Name,* Lavinia Robichaux
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Joseph Rotch
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Devaine

Address, 821 Caroline St.

Remarks, 8960005326

Wm. J. C. Dulany Co., City Printers and Stationers.

shall be delivered, duly signed by the practitioner in the form of a certificate to be seen by the said Registrar, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or persons in attendance upon the mother, immediately thereupon, in the manner and within the time prescribed, and shall report the birth to the Commissioner; and if any such person or persons shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 15/54
4. Place of Birth, (Street and Number) 1037 Hollins St
5. Full Name of Mother, Rose Maguire
6. Mother's Maiden Name, " Meiller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank P. Maguire
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. O'Mayer

Address, 924 Hollins St

Remarks, 8960005327

said schedule shall be delivered, duly signed by the proper person as aforesaid, to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge of such child, the mother immediately thereafter shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and it shall be the duty of the person with whom any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 7868?

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 15th 1896

4. Place of Birth, (Street and Number) 1523 Retreat Street

5. Full Name of Mother, Mary R. Carrick

6. Mother's Maiden Name, " " Laughlin

7. Mother's Birthplace, Prince George's Co. Md.

8. Full Name of Father, Benj. A. Carrick

9. Father's Occupation Motorman

10. Father's Birthplace, Prince George's Co. Md

Name of Medical Attendant, or other person who makes this Return, E. G. Shearer M. D.

Address, 1224 W. North ave. Baltimore, Md.

Remarks, 8960005328

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall within one month be reported to the office of the Commissioner of Health. In case the birth of any child shall occur without the limits of the city, or should no other person be in attendance, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required. Any person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nonber 15th 1896
4. Place of Birth, (Street and Number)	220 S Wolfe Street
5. Full Name of Mother,	Helena Fuchsens
6. Mother's Maiden Name,	Helena Leitner
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Fuchsens
9. Father's Occupation	Driver
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Boon Midwife
Address,	1922 E Fayette Street
Remarks,	1896 00053229

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the physician or practitioner of midwifery, or person who shall next after the birth of any child shall occur without the attendance of such physician or practitioner, or parents of such child, to report to the Commissioner of Health, as aforesaid, the particulars required by this section to be registered touching such birth; and if any person or persons who shall have the duty of the person, or parents of such child to report to the Commissioner of Health, as aforesaid, the particulars required by this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 15 1916
4. Place of Birth, (Street and Number) 800 S. Luzerne Av.
5. Full Name of Mother, Rosina Matthai
6. Mother's Maiden Name, n Stubenreuth
7. Mother's Birthplace, Germany
8. Full Name of Father, Valentine Matthai
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. Diisenhofer

Address, 241 S. Washington Av.

Remarks, + 89 00 00 05 33 0

Said selection shall be de Return City Registrar's office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such child, immediately thereafter, it shall become and within the period above required, and attendance upon the birth to the Commissioner of Health to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 78690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 15/96
4. Place of Birth, (Street and Number) 934 Lemmon st
5. Full Name of Mother, Sophie Winecamp
6. Mother's Maiden Name, " Haulf
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm Winecamp
9. Father's Occupation, Iron Molder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs O Hayer

Address, 924 Hollins st

Remarks, † 8960005331

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 16 '96

4. Place of Birth, (Street and Number) 222 E Eutaw Ave

5. Full Name of Mother, Fredrika Burkhard

6. Mother's Maiden Name, Judd

7. Mother's Birthplace, Balto Md

8. Full Name of Father, George Burkhardt

9. Father's Occupation Iron Moulder

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1606 Walker St

Remarks, + 8 9 6 0 0 0 5 3 3 2

been conferred) its sex, color, the full name and occupation of its parents, and the number of the child to the first and said schedule shall, and every month to the office or practioner of midwifery, of the person or parents of such third day of each month, a like return of every birth which may have occurred during the preceding month, and if no child shall have been born within the period above required, such person shall within the same time report the fact. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 16/96
4. Place of Birth, (Street and Number) 30 S. Castle St.
5. Full Name of Mother, Emma Riving Herbold
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Riving
9. Father's Occupation Cooper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Wm. Diesenberger

Address. 241 S. Washington St

Remarks. 1 8 9 6 0 0 0 5 3 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 16/96
4. Place of Birth, (Street and Number) 112 S. Madeira Str.
5. Full Name of Mother, Mary Gaeckleim
6. Mother's Maiden Name, " Deinlein
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Gaeckleim
9. Father's Occupation, Laberer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington St.

Remarks, 1896000005334

[illegible] been concerned, its sex, [illegible] duly signed by the practitioner in the form of a certificate [illegible] any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, Pauline ~~Maria~~ Mills

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 16 1896
4. Place of Birth, (Street and Number) 213 Pine
5. Full Name of Mother, Lottie Mills
6. Mother's Maiden Name, Lottie Cruse
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Mills
9. Father's Occupation, Laborer
10. Father's Birthplace, Woodbridge Va

Name of Medical Attendant, or other person who makes this Return, Mary L Lazarus

Address, 824 Eastern Ave.

Remarks. 1 8 9 6 0 0 0 5 3 3 5

been conferred) his sex, color, the day, month and year of his birth, which shall be signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case no physician or midwife was in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and said certificate shall be delivered, duly signed as aforesaid, to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents neglecting or refusing to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 17, 96
4. Place of Birth, (Street and Number) 229 N. Madeira St.
5. Full Name of Mother, Annie Savery
6. Mother's Maiden Name, " Wittendorf
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Savery
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diesenhofer

Address, 241 S. Washington St.

Remarks, 1896 0005336

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 6 1896
4. Place of Birth, (Street and Number) 1 N Eutaw St.
5. Full Name of Mother, Rose Klinglehoefer
6. Mother's Maiden Name, Rose Ewalch
7. Mother's Birthplace, Balto.
8. Full Name of Father, David Klinglehoefer
9. Father's Occupation Street worker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Harry L Greene

Address, 22 Eutaw St.

Remarks, 1896000537

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife shall be delivered, duly signed by the practitioner in its area, a certificate of the birth of any child born to her within ten days after the occurrence of such birth. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required by law to report it, it shall become the duty of the person in whose house or premises such birth shall occur without the attendance of a physician or midwife, or of the person whose attendance upon the mother, or child, is required by the provisions of this section, to report it to the Commissioner of Health, in the manner and within the time above required, and any person or persons who shall hereafter fail to so report any birth, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 48697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 19th 1896

4. Place of Birth, (Street and Number) 2331 E Monument St

5. Full Name of Mother, Anna B Morrison

6. Mother's Maiden Name, Anna B Huppmann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mike Morrison

9. Father's Occupation Cigarmaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Brown Midwife

Address, 1922 E Fayette Street

Remarks, 1896000538

been committed to sex, color, the Dr. must describe in the form of a certificate between the first and said child shall be delivered, duly signed by the Physician, Commissioner of Health. In case there was no other person in attendance upon the mother during her confinement, the Physician or person in attendance upon the mother shall make return to the Commissioner of Health, as aforesaid, and shall occur without the attendance of a physician or midwife, or the person or parents of such child to register, in the manner and within the period above required, and shall become and remain liable to the penalty hereinafter provided, unless such person shall comply with the provisions of this section. Penalties are recoverable, and each person or persons who shall hereafter offend, to be recovered as other fines and forfeitures are recoverable, jected to the fine of ten (10) dollars for each offence,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 1st 1896
4. *Place of Birth, (Street and Number)*	St. Vincents Infant Asylume
5. *Full Name of Mother,*	Unknown Helen
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	R. le Roy Mc D.
Address,	407 N. Eutaw St.
Remarks,	8960005339

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 8 1896
4. *Place of Birth, (Street and Number)* St. Vincents Infant Asylum
5. *Full Name of Mother,* Annie Stevens
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Not Known
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return. R. C. Rasin M.D.

Address, 807 N. Eutaw St.

Remarks, + 8960005340

[illegible] certificate between the [illegible] ech contain[illegible] in the form of a certificate between the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 16. 1876
4. Place of Birth, (Street and Number) St. Vincents Infants Asylum
5. Full Name of Mother, Teresa Murray
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father, Not known
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. R. le. Basin M. D.

Address, 807 N. Eutaw St.

Remarks. 1 8 9 6 0 0 0 5 3 4 1

been committed in any such case, duly signed by the practitioner in the form of a certificate between 12 and 24 hours after the birth of any child said schedule shall be delivered every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 28. 1896

4. Place of Birth, (Street and Number) St Vincents Infant Asylum

5. Full Name of Mother, Louise Burk

6. Mother's Maiden Name, "

7. Mother's Birthplace, Md

8. Full Name of Father, Not known

9. Father's Occupation "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, R. le Roy Nash M.D.

Address, 807 N. Eutaw St.

Remarks, + 8 9 6 0 0 0 5 3 4 2

been conferred) its sex, color, the full name and residence of the mother, in the form of a certificate between the 1st and 5th days of each month, and every month to the office or practicer of midwifery of the person or parents, if any such there be, in whose house or premises such child was born, and within the period last aforesaid, if such child die before the expiration of the third day, without the attendance of a physician or midwife, the duty of the person or parents, if any such there be, in whose house or premises such child was born, and within the period last aforesaid, to report its birth as in the manner and within the period in this section shall be subject to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78702

GIVEN NAME ADDED 6/29/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Eva Goeller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 17. (10. 15. A. M.)
4. Place of Birth, (Street and Number) 1719 S. Charles Street.
5. Full Name of Mother, Eva Goeller
6. Mother's Maiden Name, Schrauder
7. Mother's Birthplace, Bamberg - Bavaria - Germany.
8. Full Name of Father, Johann Goeller
9. Father's Occupation Laborer
10. Father's Birthplace, Weber Torf near Höchstadt - Aisch -

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kanne / for the

Address, Hebrew Relief Society / 1412 Eutaw Place

Remarks, 6960005343

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 17 (6 P. M.)
4. *Place of Birth, (Street and Number)* 817 Barre Street.
5. *Full Name of Mother,* Margarethe Beyerlein,
6. *Mother's Maiden Name,* Weisel,
7. *Mother's Birthplace,* Aufsess - Bavaria - Germany.
8. *Full Name of Father,* Adam Johann Beyerlein,
9. *Father's Occupation* Tailor.
10. *Father's Birthplace,* Baltr. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kanne,

Address, 1412 Eutaw Place.

Remarks. 1896 0005344

Each schedule shall be delivered, duly signed by the practitioner in the form prescribed by the Commissioner of Health, to the midwife or other person in attendance upon each birth, within thirty-six hours after the birth of any child, and every midwife or other person who shall become the duty of the person in attendance upon such birth to the Commissioner of Health, to the office of the Commissioner of Health, or should no other person in attendance upon such birth be present, then the mother of such child shall, within thirty-six hours after the birth of such child, deliver to the office of the Commissioner of Health, in the manner and with the particulars required, and shall occur without the limits of the city, then the person in attendance upon such birth, or the mother, immediately thereupon, in the manner and with the particulars required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable by law.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 2, / 11. 10. A. M. /.
4. Place of Birth, (Street and Number) 1434 P. Charles Street.
5. Full Name of Mother, Rosa, Anna Travers,
6. Mother's Maiden Name, Bensler
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John D. Travers.
9. Father's Occupation Laborer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. M. Kanne, for the

Address. Mothers Relief Society / 1412 Eutaw Place.

Remarks. 1 8 9 6 0 0 0 5 3 4 5

been collected, and every such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 3 / 5. 25. P. M.
4. Place of Birth, (Street and Number) Greene Court.
5. Full Name of Mother, Wilhelmine Georgine Vetters.
6. Mother's Maiden Name, Meister.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Joseph Heinrich Vetters.
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. M. Kamm / for the

Address, Mothers Relief Society / 1712 Eutaw Place.

Remarks, 8960005346

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 3 / 2.50 P. M. /
4. Place of Birth, (Street and Number) 2023 Winder Street.
5. Full Name of Mother, Therese Leipper.
6. Mother's Maiden Name, Riehl.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Edward Leipper.
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. M. Kause / 1712 Eutaw Place.

Address, Mothers Relief Society /

Remarks. 1896 0005347

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, Nov 3d 1896
4. Place of Birth, (Street and Number) 2919 E Dillon st
5. Full Name of Mother, Ella V. Kyle
6. Mother's Maiden Name, Ella V. Carver
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph W Kyle
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, A Kubach Midwife

Address, 2834 Elliott st

Remarks, 1896 00005348

said schedule shall be delivered, duly signed, by the physician or midwife in attendance, or by the father or mother of any child born without the attendance of a physician or midwife, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person required to report such birth within the time specified in this section, the person or persons in charge of the premises where the birth occurs shall be required to report the same within the next succeeding period above required and shall cause the mother, immediately after the birth, to be properly washed and clothed. Any person who shall hereafter fail to comply with the provisions of this section shall be, upon conviction thereof, fined not less than five dollars nor more than fifty dollars, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of five (5) dollars, to be recovered as other fines and forfeitures are recoverable, for each offence.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 9th, 1896
4. Place of Birth, (Street and Number) 1425 Pennsylvania Ave.
5. Full Name of Mother, Mrs. Maggie Heinlein
6. Mother's Maiden Name, Schleipner
7. Mother's Birthplace, Germany
8. Full Name of Father, Mr. Joseph Heinlein
9. Father's Occupation, Tanner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. E. Miller M.D.

Address, 2239 Pennsylvania Ave.

Remarks, 18960005349

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex. (state whether male or female)*	Male
2. *Race or Color. (if not of the white race)*	White
3. *Date of Birth.*	November 9th
4. *Place of Birth. (Street and Number)*	805 N. Gay st.
5. *Full Name of Mother,*	Ida L. Hillary
6. *Mother's Maiden Name,*	Ida L Williams
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	William H. Hillary
9. *Father's Occupation*	Black Smith Helper
10. *Father's Birthplace.*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return	Ellen Mary Koehler
Address.	412 W Hamburg st
Remarks.	1896 0005350

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 10th, 1896
4. Place of Birth, (Street and Number) 1620 N. Gilmor st.
5. Full Name of Mother, Mrs. Dorothy Hoffman
6. Mother's Maiden Name, Brunett
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. C. Dewi. Hoffman
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Wm E. Miller, M.D.

Address, 2239 Pennsylvania Ave.

Remarks, 1896 0005351

said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner above required, and within the time above specified. Any person who shall neglect or refuse to comply with the provisions of this section shall, upon conviction in any court of competent jurisdiction in Baltimore City, forfeit to the City such person or persons who shall be convicted of such offence, to be recovered as other fines and forfeitures are recoverable, and shall be punished by a fine of not less than ten (10) dollars nor more than fifty (50) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

CERTIFICATE AMENDED 3-24-66

RETURN OF A BIRTH. 78711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Edward Lawler Lilly

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, Nov 12th 1896
4. Place of Birth, (Street and Number) 908 Stricker St
5. Full Name of Mother, Sarah ~~Lillie~~ Lilly
6. Mother's Maiden Name, Sarah Berry
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Edward ~~Lillie~~ Lilly
9. Father's Occupation, Undertaker
10. Father's Birthplace, Balti. Md

Name of Medical Attendant, or other person who makes this Return, Ann Kulack Midwife

Address, 2838 Elliott "

Remarks, 1 8 9 6 0 0 0 5 3 5 2

said ordinance shall be delivered, duly signed by the practitioner or person in charge of the case, to the Registrar of Vital Statistics, at the office of the Commissioner of Health. In case no other person be in attendance upon such birth, the mother of such child shall make such return within the period above required, and any such person or persons who shall neglect or refuse to make such return within the period above required, and third day after such birth, to the Coroner, who shall immediately thereupon proceed to the premises and hold an inquest upon the body of such child, and return the proceedings of his said inquest to the Coroner's office, to be recorded as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this ordinance shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Nov 13th 1896
4. Place of Birth, (Street and Number) 905 Hoffman
5. Full Name of Mother, Lizzie Mosking
6. Mother's Maiden Name, Lizzie E. Slater
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Herman Mosking
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Anna Kubach Midwife

Address, 2838 Elliott St

Remarks, 1896 00053 53

Said attendant shall be delivered, duly signed by the practitioner, to the Registrar of the district in which the birth occurred, within ten days after the birth of any child to which he or she has been in attendance, and shall be delivered by the Registrar to the Commissioner of Health. In case the birth person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child (or person or persons who shall hereafter have the custody of such child) to report the same to the Commissioner of Health. In default of compliance with the provisions of this section shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 14. (7.50 A.M.)
4. Place of Birth, (Street and Number) 1161 Columbia Ave.
5. Full Name of Mother, Ida Lee Henry
6. Mother's Maiden Name, Brooks
7. Mother's Birthplace, Essex Co. Va.
8. Full Name of Father, Edward Henry
9. Father's Occupation Laborer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Fran M. Kenne (for the Mothers Relief Society) 1412 [illegible] Place

Address,

Remarks, 1 8 9 6 0 0 0 5 3 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 14th, 1896
4. Place of Birth, (Street and Number) 555 Baker st.
5. Full Name of Mother, Mrs. Lizzie E. Smith
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, Mr. Wm K Smith
9. Father's Occupation, Bar Tender
10. Father's Birthplace, Funkstown Md.

Name of Medical Attendant, or other person who makes this Return, Wm. E. Miller M.D.

Address, 2239 Pennsylvania Ave

Remarks, 1896U005355

Wm J C. Dulany Co., City Printers and Stationers.

been conferred, (as to sex, color, &c.) by statute, by the coroner in the case of a certificate between the first and second decennial census, by the coroner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of twins shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge of the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, and the neglect or refusal to make such report by any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 15 1896
4. *Place of Birth, (Street and Number)* 318 Bruce st
5. *Full Name of Mother,* Mary E Jones
6. *Mother's Maiden Name,* Mary E Thomas
7. *Mother's Birthplace,* Baltimore M.D.
8. *Full Name of Father,* John Jones
9. *Father's Occupation* Coal cart Driver
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1610 Vincent Ave

Remarks, 1 8 9 6 0 0 0 5 3 5 6

said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. And in case the birth of any child attended by such physician or midwife shall not be reported as aforesaid, or if no other person shall report the birth of any child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such child, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 78716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 1st
4. Place of Birth, (Street and Number) Md Gen Hosp
5. Full Name of Mother, Florence Wendell
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, U. S. A.
8. Full Name of Father,
9. Father's Occupation, Barkeeper
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, C. G. Humphreys M.D.

Address, Md Gen Hosp

Remarks,

1 8 9 6 0 0 0 5 3 5 7

month, she shall set forth in the same return, to the best of her knowledge, the like matters; and the said father shall also, within the same period, report the occupation of its parents, the date and place of birth; and the name, sex, and number of each child born of the same mother, which may have been previously delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health, and shall no other person be in attendance upon the mother, the said father or other relative shall be in duty bound to report the same to the Commissioner of Health, in the manner and within the period above required, and shall also report the sex, number, and date of birth of each child born after the said practitioner shall cease attendance upon the mother, and thereafter shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 78717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*) Black

3. *Date of Birth*, Nov 8 18

4. *Place of Birth*, (*Street and Number*) Mid Rural Hosp

5. *Full Name of Mother*, Ella Jones

6. *Mother's Maiden Name*, Jones

7. *Mother's Birthplace*, Md

8. *Full Name of Father*, Unknown

9. *Father's Occupation* Laborer

10. *Father's Birthplace*, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Dr Pennington

Address, Mid Rural Hosp

Remarks, 1896 0005358

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 78718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 9 96
4. Place of Birth, (Street and Number) Mt Hope Hosp
5. Full Name of Mother, Mrs Roymond
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Mt Hope Hosp
8. Full Name of Father,
9. Father's Occupation, Farmer
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, O. O. Dunnington M.D.

Address, Mt Hope Hosp

Remarks, 18960005359

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

month, and shall set forth as fully as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said return of every birth shall be signed by the practitioner in the form of a certificate between the first and second births, and in case there shall be no such practitioner in attendance, then by the father or mother of such child, or in case the father or mother shall be absent or unable to make such return, then by the householder or owner of the premises where such birth occurs, or by the nurse in attendance upon the mother, immediately after the birth of such child; and every person required by this section to make a return of a birth, in the manner and within the period above required, and every person who shall wilfully refuse or neglect to make such return, or who shall knowingly make a false return of any birth, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Nov 16
4. *Place of Birth, (Street and Number)* Md Gen Hosp
5. *Full Name of Mother,* Lucie Evans
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Fred Evans
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, A. A. Dennigstein M.D.

Address, Md Gen Hosp

Remarks, 8960005360

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 78720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Nov 22 96
4. *Place of Birth, (Street and Number)* 726 Hook ave Rear
5. *Full Name of Mother,* Lilly Morton
6. *Mother's Maiden Name,* Lilly Romine
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, Asher O Simpkins MD

Address, 1121 Linden Ave

Remarks, 8960005361

month, and ninth set forth in so far as the same can be ascertained, the full name of each child, if any, that have been conferred) his sex, color, the full name and occupation of the parents of such child, the time and place of birth of each one, and the number of children born to such mother, including the child or children last born, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and each person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1296.]

RETURN OF A BIRTH. 78721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Nov 24 1896
4. Place of Birth, (Street and Number) md Gen Hosp
5. Full Name of Mother, Ella Ready
6. Mother's Maiden Name, Sandy
7. Mother's Birthplace, md
8. Full Name of Father, Mustian
9. Father's Occupation
10. Father's Birthplace, Northampton Co Va

Name of Medical Attendant, or other person who makes this Return, Dr Hampton md

Address, md Gen Hosp

Remarks, 8960005362

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of every child born alive, and shall also set forth the sex, color, the full name and occupation of the parents, the date and place of birth, and the number of children born to the mother, and the number now living. It shall be the duty of the attending physician or midwife, and in the absence of such physician or midwife, of the father, householder or other person present at the birth of any child, to make a return thereof to the Commissioner of Health. Should no other person be in attendance, it shall be the duty of the mother, if able, to make such return. Such return shall be made in the manner and within the period above specified, and shall be verified by the oath or affirmation of the person making the same, before any officer authorized to administer oaths. Any person who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1936.]

RETURN OF A BIRTH. 78722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Nov. 28 96
4. Place of Birth, (Street and Number) 728 Dorcas ave St.
5. Full Name of Mother, Virginia Robinson
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Md.
8. Full Name of Father, Unknown
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Oscar O Lumpkin M.D.

Address, 728 Dorcas Ave.

Remarks, 8960005363

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month, it shall be the duty of the person or parents of such child, or the person in whose house or tenement such child was born, or any other person in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and without any request or notice from the Commissioner of Health, to report the birth of such child to report its birth to the Commissioner of Health; and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 78723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black, 1
3. Date of Birth, Nov 29-96
4. Place of Birth, (Street and Number) Md Gen Hosp
5. Full Name of Mother, Lizzie Smith
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Va
8. Full Name of Father, Unknown
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Oscar O Longshore M.D.

Address, Md Gen Hosp.

Remarks, 8960005364

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. And be it further enacted, That the full name of each child, (if any shall have been ordered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.)

RETURN OF A BIRTH. 78724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male Colored

2. Race or Color, (if not of the white race)

3. Date of Birth, Mar 30 - 96

4. Place of Birth, (Street and Number) Md Gen Hosp

5. Full Name of Mother, Cynthia Reed

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Md

8. Full Name of Father, Unknown

9. Father's Occupation "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Dr. Oscar O Livingston

Address, Md Gen Hosp

Remarks, 8960005365

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been born alive,) the sex, color, and date of birth of each child, the number of children born to the mother, the date and place of marriage, the number of such children born in wedlock, the full name and occupation of the father, and the place of birth of any child born of the mother, all of which shall be certified to the Commissioner of Health in the form of a certificate to be issued by the Commissioner of Health, and signed by the physician, midwife or other person in attendance upon the birth; and every midwife or other person, except a physician, who shall be in attendance upon any birth, shall report the same to the Commissioner of Health within the time and in the manner and within the limits of territory prescribed by the Commissioner of Health, and shall keep a record of all births at which she or he shall be in attendance, and make return thereof to the Commissioner of Health every month to the office or practioner of in the duty of the person or persons required, and said schedule shall be certified to by the physician, midwife or other person in attendance, if any there be, and if not, then by the father, mother or householder; and every midwife or other person who shall neglect or refuse to make such return within the first and third days of each month, or who shall knowingly make a false return of the particulars required to be returned by her or him, shall forfeit and pay for every such neglect or refusal the sum of ten dollars; and every midwife or other person who shall be in attendance upon any birth, and shall neglect or refuse to report the birth of any child to the Commissioner of Health in the manner and within the limits of territory prescribed by the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Clarence Gordon Carroll

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 3, 1896.
4. Place of Birth, (Street and Number) 426 Hickory ave.
5. Full Name of Mother, Edith-Jane Carroll.
6. Mother's Maiden Name, Lee.
7. Mother's Birthplace, Md.
8. Full Name of Father, Kendrick B. Carroll.
9. Father's Occupation Stone-mason.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 8960005366

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, if any, and the date and place of birth; and the number of children born to each parent, including this child, if any, and the number of children of each parent living; and the name and residence of the physician or midwife, if any, present at the birth, and the name and residence of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1336

RETURN OF A BIRTH. 78726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Thomas Merriman Ensor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 4, 1896.
4. Place of Birth, (Street and Number) 329 Roland ave.
5. Full Name of Mother, Eliz. Ensor.
6. Mother's Maiden Name, Davis.
7. Mother's Birthplace, Md.
8. Full Name of Father, Merryman Ensor.
9. Father's Occupation Electric Motorman
10. Father's Birthplace, Md.

Name of Medical Attendand, or other person who makes this Return, Chas. H. Mitchell M. D.

Address, 291 Cleveland ave

Remarks, 8960005367

mouth and shall set forth as far as the same can be ascertained the full name of each child born alive, the sex, color, the full name and occupation of its parents, the number of children born to the mother, the number now living, the number born dead, the date of birth, and the place of birth, and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur with the assistance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and it is hereby made the duty of such physician, practitioner of midwifery, or other person in attendance upon the mother, immediately thereafter, to make out within the period above required, and deliver to the proper officer, a certificate containing the information above required, and any such person who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1230

RETURN OF A BIRTH. 78727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Iva Belle Donohue

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 4, 1896.
4. Place of Birth, (Street and Number) 157 Falls Road.
5. Full Name of Mother, Laura Catherine Donohue
6. Mother's Maiden Name, Corbin.
7. Mother's Birthplace, Md.
8. Full Name of Father, Joseph Donohue.
9. Father's Occupation, Teamster.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Cherbert ave.

Remarks, GIVEN NAME ADDED 7-13-53 L.M. 8,760,005,368

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, and every person or practitioner of midwifery, or other person who shall have been employed in any case of birth, shall report the full name of each child (if any shall have been born alive), the sex, color, the full name and occupation of its parents, the date and place of birth; and the said midwife, person or practitioner of midwifery, or other person who shall be in attendance upon the mother at the birth of any child, shall, within the period above required, and in the form of a certificate between the first and third day of each and every month, deliver at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or other person who shall be in attendance upon the mother at the birth of any child, shall, within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such child, or the nearest relative present at the birth, shall immediately thereafter, it shall become and within the period above required, and in the form of a certificate between the first and third day of each and every month, deliver at the office of the Commissioner of Health. It shall be the duty of the Commissioner of Health to comply with the provisions of this section, and to report its birth to the Commissioner of Health. It shall be the duty of the Commissioner of Health to comply with the provisions of this section, and to report its birth to the Commissioner of Health. Any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1330

RETURN OF A BIRTH. 78728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 5, 1896.
4. Place of Birth, (Street and Number) 264 Cedar ave.
5. Full Name of Mother, Eliza Ella Stinchcomb.
6. Mother's Maiden Name, Lee.
7. Mother's Birthplace, Md.
8. Full Name of Father, William Oliver Stinchcomb.
9. Father's Occupation Conductor of Electric Cars.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell 2nd.

Address, 291 Chestnut ave.

Remarks, 8960005369

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been born alive since the last return,) the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 78729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 12, 1896.
4. Place of Birth, (Street and Number) 424 Hickory ave.
5. Full Name of Mother, Sarah Blanche Davis.
6. Mother's Maiden Name, Kous.
7. Mother's Birthplace, Ind.
8. Full Name of Father, Ellsworth Marshall Davis.
9. Father's Occupation Machinist.
10. Father's Birthplace, Ind.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 1896000537 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been born living,) the sex, color, and full name and occupation of the parents, the date and place of birth; and the name (if any) and residence of the physician or midwife in attendance; and shall be delivered, duly signed by the person so required to make the same, to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife, then the said statement shall be made by either of the parents of such child to report the birth to the Commissioner of Health as herein required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

235

RETURN OF A BIRTH. 78730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 14, 1876.
4. Place of Birth, (Street and Number) 701 Hendington ave.
5. Full Name of Mother, Mary Ellen Wallman.
6. Mother's Maiden Name, Harper.
7. Mother's Birthplace, Md.
8. Full Name of Father, George J. Wallman.
9. Father's Occupation Engineer.
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Litchfield M.D.

Address, 291 Cleveland ave

Remarks. 8960005371

month, and shall set forth (after as the same can be ascertained) the full name, sex, color, the full name of the parents, the date and place of birth; and the said schedule shall be delivered, only to the office of the Commissioner of Health, or such other person as he shall appoint for the purpose, within the first ten days of each and every month; and any physician or practitioner who shall neglect or refuse to comply with the requirements of this section, or who shall fail to report the birth of any child without the attendance of a physician or practitioner, shall become liable to the penalty of ten dollars for each offence; and in case there be no physician or practitioner in attendance upon the mother, immediately after the birth, in the manner and within the period above required, it shall be the duty of the person who shall have the charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236]

RETURN OF A BIRTH. 78731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) B.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 17 1876.
4. Place of Birth, (Street and Number) 505 Third ave.
5. Full Name of Mother, Lydia May E Keenan.
6. Mother's Maiden Name, Cook.
7. Mother's Birthplace, Md.
8. Full Name of Father, Elmir Eugene E Keenan.
9. Father's Occupation Brick-layer.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Chas A Mitchell M.D.

Address, 291 Chestnut ave

Remarks. + 8 9 6 0 0 0 5 3 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife or other person who shall assist at the birth of any child, or shall have charge of any child born, shall, within ten days after such birth, make a return thereof to the Registrar of Vital Statistics, Board of Health, Baltimore City, in such form as he may require, and shall set forth in such return the full name of each child, (if any shall have been agreed upon,) the sex and color of the same, the name and residence of its parents, the date and place of birth; and the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then the duty of the person or parents of such child to report such birth as aforesaid shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1230

RETURN OF A BIRTH. 78732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 7-29-53 Name: Bradford Carlton Sater

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 18, 1896.
4. Place of Birth, (Street and Number) 3060 Cedar ave.
5. Full Name of Mother, Ida May Sater.
6. Mother's Maiden Name, Cahnelius.
7. Mother's Birthplace. Md.
8. Full Name of Father, E. Bradford Sater.
9. Father's Occupation Horse shoer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address. 291 Chestnut ave

Remarks. 8960005373

Health. In case of a living child, the name can be ascertained, the full name of each child, if any, shall be given; if not ascertained at the time of making the return, the same shall be added when ascertained. In case of twins, triplets, or other children born at one birth, the certificate of birth shall set forth the sex, color, the full name and occupation of its parents, the date of birth, and the number of each child, in the order of its birth, as the first, second, third, etc., child born at such birth. Every certificate of birth required by this section shall be delivered, duly signed by the physician or midwife in attendance, or by the father or mother of such child, to the Commissioner of Health, or to such person as he may designate to receive the same, within ten days after the birth to which it relates. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the father or mother of such child shall within ten days after the birth of such child report the same to the Commissioner of Health, and in default of the parent so doing, the occupant of the house in which such birth shall occur shall report the same to the Commissioner of Health, and in default of any such report being made as aforesaid, every person who shall have been present at the birth, or who shall have had charge of the mother or child, shall be liable to a fine of not less than five dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1235

RETURN OF A BIRTH. 78733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 19, 1896.
4. Place of Birth, (Street and Number) 338 Elm ave.
5. Full Name of Mother, Ida May Collins.
6. Mother's Maiden Name, Davis.
7. Mother's Birthplace, Md.
8. Full Name of Father, James Edward Collins.
9. Father's Occupation Stone-cutter.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 1896 U 005374

Health. This section shall consist of a list of the names, residences, and occupations of the parents of every child born within the city, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, and day, month, and year of birth, and the full name, residence and occupation of its parents, the date shall be between the first and tenth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner hereinafter required, and shall require of such midwife or other person who shall become the duty of the person above required, and child to report the same to the Commissioner of Health, in the manner and within the time above required, and attendance upon the mother, the Commissioner of Health, in the manner and within the time above required, and as near as may be in the form above prescribed. And any midwife or other person who shall become the duty of the person above required, and child to report the same to the Commissioner of Health, in the manner and within the time above required, and attendance upon the mother, the Commissioner of Health, in the manner and within the time above required, and as near as may be in the form above prescribed. And any midwife or other person who shall become the duty of the person above required, and child to report the same to the Commissioner of Health, in the manner and within the time above required, and attendance upon the mother, the Commissioner of Health, in the manner and within the time above required, and as near as may be in the form above prescribed. And any midwife or other person who shall become the duty of the person above required, and child to report the same to the Commissioner of Health, in the manner and within the time above required, and attendance upon the mother, the Commissioner of Health, in the manner and within the time above required, and as near as may be in the form above prescribed. And any midwife or other person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1336

RETURN OF A BIRTH. 78734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 21, 1896.
4. Place of Birth, (Street and Number) 208½ Hickory ave.
5. Full Name of Mother, Julia A. Rhein
6. Mother's Maiden Name, Wood.
7. Mother's Birthplace, Md.
8. Full Name of Father, John F. Rhein
9. Father's Occupation, General helper B. & O. Shops.
10. Father's Birthplace, Georgia.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Mitchell M.D.

Address, 291 Chestnut ave

Remarks, 1896000 5375

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which occurred in each family during the month, and shall set forth as far as possible the name and occupation of its parents, the date and place of birth, and the name, if any, of each child. It shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent or other person in charge of the house in which the birth occurred, within ten days after the birth has been registered, and every month to the office of the Commissioner of Health. In the absence of a physician or midwife, the parent or other person in charge of the house in which the birth occurred shall cause the birth of any child to be registered within ten days after its occurrence, and shall, within the first three days of each and every month to the office of the Commissioner of Health, report all births which have occurred during the preceding month, and which have not been attended by a physician or midwife. Hereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the summer and whenever the Commissioner of Health may deem it necessary, he shall cause a sanitary inspector to visit each house in which a birth occurred, and see that the provisions of this section are complied with. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 78735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 1st
4. Place of Birth, (Street and Number) Mt Hope Hosp
5. Full Name of Mother, Georgia Rabbitt
6. Mother's Maiden Name, Unknown
7. Mother's Birthplace, Va
8. Full Name of Father, Mr Rabbit
9. Father's Occupation Baggage Master
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, C. O'Donnell M.D.

Address, Mt Hope Hosp.

Remarks, 18960005376

Health. The attendant shall furnish a list of the births which have occurred since his or her last return, stating the name, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name of its parents, the date and place of birth, and the said schedule shall be delivered, (or if there be no such births, a certificate to that effect shall be given) within the first ten days of each month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[350]

RETURN OF A BIRTH. 78736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male - Cato Spurgeon Valdivia
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 27, 1896.
4. Place of Birth, (Street and Number) 341 Eliza ave.
5. Full Name of Mother, Mary Agnes Valdivia.
6. Mother's Maiden Name, Webster.
7. Mother's Birthplace, Md.
8. Full Name of Father, Horacio E. Valdivia.
9. Father's Occupation Machinist.
10. Father's Birthplace, Cuba.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Nicholl M.D.

Address, 291 Chestnut ave.

Remarks. Full name of child to be given by mother upon applying for a transcript. 8960005377 Mary Agnes Valdivia Mother E. E. Hehn Dec. 12-96

Wm. J. C. Dulany Co., City Printers and Stationers.

The Health Commissioner shall cause the name of each child, if any shall have been given, and shall set forth as far as the same can be ascertained the full name of each parent, the age, color, birthplace and residence of each parent, the date and place of birth; and the number of each child of the mother, including the last birth, and whether the same be male or female, and the date and place of birth; and the name, residence and occupation of the person making the return, in the form of a certificate between the first and third days of each and every month, and shall set forth the information received by him during the said month in relation to births, in the order in which they occur, in a book to be kept in the office of the Commissioner of Health. In case the birth of any child shall occur upon the premises or within the knowledge of the person or parents of such child, the same shall be reported to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or refuse to report the birth of such child to the Commissioner of Health, or shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~Male~~. 1
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	November 30, 1896.
4. *Place of Birth, (Street and Number)*	2703 Bernard ave.
5. *Full Name of Mother,*	Annie R. Jenkins.
6. *Mother's Maiden Name,*	Law.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Albert H. Jenkins.
9. *Father's Occupation*	Motorman.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Chesnut ave.
Remarks,	1 8960005378

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the office of the Commissioner of Health, no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and shall report the birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 November 1896.
4. *Place of Birth, (Street and Number)* North Front St. 509.
5. *Full Name of Mother,* Pauline Ahrol
6. *Mother's Maiden Name,* Pauline Plawenek
7. *Mother's Birthplace,* Kurland
8. *Full Name of Father,* Jacob Ahrol
9. *Father's Occupation* Laberman
10. *Father's Birthplace,* Kurland

Name of Medical Attendant, or other person who makes this Return. M. A. Fedley

Address, 1004 West Lexington St.

Remarks,

1 8 9 6 0 0 0 5 3 7 9

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the full name, sex, color, the full name and occupation of its parents; the date and place of their marriage, if it has been conferred; the residence of the parents at the time of the birth of the child. Such certificate shall be made in the form of a certificate between the first and third day of each and every month by the practitioner in the form of a certificate between the first and said schedule shall be duly signed by the practitioner in the form of a certificate between the first and third day of each and every month by the practitioner in the form of a certificate between the first and after such birth, or by the midwife, or other person who shall have charge of any child born without the attendance of a physician, to report the same to the Commissioner of Health. In case there be no such person, then the mother, immediately thereafter, if she shall be able, or should no other person be present, then any person who shall be present at the birth of any child, shall report the same to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male Female.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, November 17, 1876
4. Place of Birth, (Street and Number) 1335 W. Calhoun St
5. Full Name of Mother, Alice Ford
6. Mother's Maiden Name, Alice Smith
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Samuel Ford
9. Father's Occupation Rail road work
10. Father's Birthplace, Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return, Sarah Collins

Address, 1610 Vincent St.

Remarks, 1896000053800

Wm. J. C. Dulany Co., City Printers and Stationers.

1886.]

RETURN OF A BIRTH. 78740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 19 - 96
4. *Place of Birth, (Street and Number)* Md Genl Hosp
5. *Full Name of Mother,* Mrs Kelly
6. *Mother's Maiden Name,* unknown
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Mr Kelly
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, O O Lumpkin M.D.

Address, Md Genl Hosp

Remarks, 1 8 9 6 0 0 0 5 3 8 1

... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, Nov 20th 1896
4. Place of Birth, (Street and Number) 3027 Hudson st
5. Full Name of Mother, Camilla Earle
6. Mother's Maiden Name, Camellia Reynolds
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Chas Earle
9. Father's Occupation, Conductor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Anne Kubach Midwife

Address, 2838 Elliott st

Remarks, 8960005382

...conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov 20 '96
4. *Place of Birth, (Street and Number)*	309 Longwood Ave
5. *Full Name of Mother,*	Annie Turner
6. *Mother's Maiden Name,*	Cole
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Charles Turner
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
Address,	1005 Walker St
Remarks,	+ 8 9 6 0 0 0 5 3 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 20th
4. Place of Birth, (Street and Number) 208 N. Wolf St.
5. Full Name of Mother, Mary Schmitt
6. Mother's Maiden Name, " Lautz
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Schmitt
9. Father's Occupation Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Dienenhofer

Address, 241 S Washington Ave

Remarks, + 8 9 6 0 0 0 5 3 8 4

Health ... shall set forth not as the same can be ascertained the full name of each child born within the month, and shall likewise set forth the sex and color, the full name and occupation of the parents, the date and place of birth, and the name of the physician or midwife present at the birth, if there was no physician or midwife present, then the name of the person who shall have been cognizant of the birth; and the certificate shall be delivered, duly signed by the person who shall have been present at the birth, to the Commissioner of Health. In case there was no other person present at the birth, then the mother shall make and sign the certificate. Every such certificate shall be delivered to the Commissioner of Health within the period above required, and shall be made before the third day of each and every month, and before the expiration of the third day of each and every month, in the case of the person or parents of such child, if there was present at the birth of such child a physician or practitioner of midwifery, the duty of making the certificate required by this section shall devolve upon such physician or practitioner of midwifery, and shall be performed in the manner and within the period above required. And no burial shall occur without the certificate required by this section, and the undertaker or person having charge of the burial shall require the certificate before the burial shall occur. In the case of a still-born child, a certificate stating the fact shall be made by the attendant, specifying the birth to the Commissioner of Health, and the undertaker or person having charge of the burial shall require the certificate before the burial shall occur. Any person who shall fail to comply with the provisions of this section shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than any such person or persons who shall be convicted of such offence, to be recovered as other fines and forfeitures are recoverable. Jected to the fine of ten (10) dollars for each offence.

Wm. J. C. Dulany Co., City Printers and Stationers.

1336]

RETURN OF A BIRTH. 78744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8d

1. Sex, (state whether male or female) Madchen
2. Race or Color, (if not of the white race) weis
3. Date of Birth, 4 November
4. Place of Birth, (Street and Number) Gleber St. No 818
5. Full Name of Mother, Anna Wiewiorska
6. Mother's Maiden Name, " Adamska
7. Mother's Birthplace, Deutchland
8. Full Name of Father, Michat Wiewiorski
9. Father's Occupation Tibeiter
10. Father's Birthplace, Deutchland

Name of Medical Attendant, or other person who makes this Return, M. Begier

Address, Tait Ave St. No 261

Remarks, Baltimore 005385

Health. ... and shall set forth the full name of each child, (if any shall have been born since the last return,) the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required. And if any such practitioner shall neglect or refuse to comply with the provisions of this section, or if any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 6- 1896
4. Place of Birth, (Street and Number) Lombard & Catherine sts
5. Full Name of Mother, Lydia Fritsch
6. Mother's Maiden Name, Fotsch
7. Mother's Birthplace, Ill-
8. Full Name of Father, Carl Fritsch
9. Father's Occupation Minister
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Edward H Thompson M.D.

Address, 1403 W Fayette St

Remarks, 1 8 9 6 0 0 0 5 3 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 8th
4. Place of Birth, (Street and Number) Stockholm 8804
5. Full Name of Mother, Harry Johnson
6. Mother's Maiden Name, Harry Jackson
7. Mother's Birthplace, MD
8. Full Name of Father, Richat Johnson
9. Father's Occupation, Brick yard
10. Father's Birthplace, MD

Name of Medical Attendant, or other person who makes this Return. Parker Jane Harry

Address, 854 Stockholm St

Remarks, 1896 0005387

WM. J. C. SULLAVY CO. CITY PRINTERS AND STATIONERS.

Sec. 3. And be it further enacted, That the said name can be ascertained the full name of each child, (if any shall have been omitted,) and also the sex, color, the full name and occupation of its parents, the date and place of birth, and number of children of the same mother living, and the number of children born of the same mother, and the number now dead, which he shall be required, duly signed by the practitioner in the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth, immediately thereafter it shall become the duty of the person or persons within the house where the birth occurred, and the mother, if able, to report its birth to the Commissioner of Health, in the manner and within the time required, and with the particulars as to the name, sex, color, &c., as above set forth, as far as the same can be ascertained. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 78747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. November 8/96
4. Place of Birth, (Street and Number) 2443 McCulloh St
5. Full Name of Mother. Bessie Hammond
6. Mother's Maiden Name, Bessie Perie.
7. Mother's Birthplace. York Co. Pa.
8. Full Name of Father. Rev. H. I Hammond
9. Father's Occupation Minister
10. Father's Birthplace. Virginia

Name of Medical Attendant, or other person who makes this Return. A C Cole

Address. 2038 Madison Ave

Remarks, 8960005388

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the father or mother shall be absent from the city, or shall be unable to make the return, the same shall be made by the other person in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and such attendant shall be entitled to receive from the Commissioner of Health the sum of fifty cents for each birth. Any physician or midwife, or other person in attendance upon the mother, who shall refuse or neglect to report the birth of such child in the manner and within the time above required, shall for every such refusal or neglect forfeit the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-28-69

RETURN OF A BIRTH. 78748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MILTON WINNER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 9 th 1896
4. Place of Birth, (Street and Number) 1746 Bank st
5. Full Name of Mother, Annie Winner
6. Mother's Maiden Name, Annie Goldstrom
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Jacob Louis Winner
9. Father's Occupation Physician
10. Father's Birthplace, New York N.Y.

Name of Medical Attendant, or other person who makes this Return, Dr. J. L. Winner

Address, 1746 Bank st

Remarks, 1896000 5389

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 78749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 1 8 9 6 0 0 0 5 3 9 0

Health. This schedule shall contain a list of the births which may occur in each child, if any shall have been conferred), its sex, color, the full name of each child born alive, the date of birth, and the name, and shall set forth as far as the same can be ascertained the full name of each child born alive, the date of birth, and the social occupation of its parents, the date of the certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the case of any birth of any child born alive, to the office of the Registrar of Vital Statistics of the Board of Health. In case the birth of any child born alive occurs without the attendance of a physician or midwife, or should no one of the parents of such child be able to make the return required, it shall become the duty of the householder in the district where such birth occurs to report the same to the Registrar of Vital Statistics, and with the particulars required, and said householder shall every month to the office of the Registrar of Vital Statistics, and with the particulars required, and third day of each month the attendance of a physician or midwife at any birth occurs without the attendance of a physician or midwife, it shall become the duty of the parent above required, and attendance upon the mother, Commissioner of Health, in the manner and with the particulars of this section shall be sub-child to report the birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub-ject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18750

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.)	3. third
1. *Sex,* (*state whether male or female*)	Female.
2. *Race or Color,* (*if not of the white race*)	Colord
3. *Date of Birth,*	Nov 9 th 1896
4. *Place of Birth,* (*Street and Number*)	1406 Riggs Ave.
5. *Full Name of Mother.*	Mary F Terry.
6. *Mother's Maiden Name,*	" Carter
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Saml Terry
9. *Father's Occupation,*	Lord Carter
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	Eliza Foster
Address,	1629 Vincent Street
Remarks,	Died

1 8 9 6 0 0 0 5 3 9 1

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th of November
4. *Place of Birth, (Street and Number)* No 3 Stafford Street
5. *Full Name of Mother,* Mary E. Trogler
6. *Mother's Maiden Name,* Mary E. Tribby
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* John Wesley Trogler
9. *Father's Occupation* Drover
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Elizabeth Wicks

Address, Hoffmans Lane Baltimore Md

Remarks, 18960005392

Health. This schedule shall contain a list of [illegible] month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 12-16-57

RETURN OF A BIRTH. 78752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Elizabeth ~~Steigleman~~ Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 11 1896
4. Place of Birth, (Street and ~~Number~~) 711 N. Mount St
5. Full Name of Mother, Elizabeth B. Steigleman
6. Mother's Maiden Name, Griffith
7. Mother's Birthplace, Talbot Co Md
8. Full Name of Father, Franklin J. Steigleman
9. Father's Occupation Milkman
10. Father's Birthplace, Annapolis

Name of Medical Attendant, or other person who makes this Return, Edward H London MD

Address, 1403 W Fayette St

Remarks. 8960005393

Wm. J. C. Dulany Co., City Printers and Stationers.

month, shall set forth as far as the same can be ascertained the full name and occupation of the parents, the date and place of birth and the sex, color, the full name and occupation of the parents, the date and place of birth and the name conferred; its sex, color, the full name and occupation of the parents, the date and place of birth and the name conferred; its sex, color, the full name and occupation of the parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the intervention of a physician or midwife, or should no other person be in attendance when the birth occurs, it shall be the duty of the father or mother of such child, or in case of the absence or inability of both father and mother, the occupant of the house or tenement in which such birth occurs, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 78753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Bol
2. Race or Color, (if not of the white race) weis
3. Date of Birth, 11 November
4. Place of Birth, (Street and Number) Kennon St. No 84
5. Full Name of Mother, Leokadia Kaeduk
6. Mother's Maiden Name, " Pruska
7. Mother's Birthplace, Deudchland
8. Full Name of Father, Jan Kaiduk
9. Father's Occupation Hebeuder
10. Father's Birthplace, Deudchland

Name of Medical Attendant, or other person who makes this Return, H Beyer

Address, Fait ave St No 2611

Remarks, Baltimore 0005394

Wm. J. C. Dulany Co., City Printers and Stationers.

FILM KODAK

RETURN OF A BIRTH. 78754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Arthur C. Graffin, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 2 1906
4. Place of Birth, (Street and Number) 416 Mosher St
5. Full Name of Mother, Margaret Graffin
6. Mother's Maiden Name. Madgant Cassell
7. Mother's Birthplace. Balto
8. Full Name of Father, Chas J Graffin
9. Father's Occupation Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. A C Pole

Address, 2038 E Madison Av

Remarks, 8 7 6 0 0 0 5 3 9 5

month, and shall set forth as far as the same can be ascertained, the full name of each child born alive, the sex, color, the full names of the parents, the date and place of birth, and the number of children born to the mother, including the last birth; and if any such have been conferred, its sex, color, the full names of the parents, the date and place of birth, and the said schedule shall be returned every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 78755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d.

1. Sex, (state whether male or female) Madchen
2. Race or Color, (if not of the white race) weis
3. Date of Birth, 14 November
4. Place of Birth, (Street and Number) Globen St N 802
5. Full Name of Mother, Anna Giorat
6. Mother's Maiden Name, U Krusiak
7. Mother's Birthplace, Rusland
8. Full Name of Father, Joseff Giorat
9. Father's Occupation Strluter
10. Father's Birthplace, Rusland

Name of Medical Attendant, or other person who makes this Return, M Beyer

Address, Fort Ave N E 2611

Remarks. Bal 6 8 0 2 0 0 5 3 9 6

Health. This schedule shall contain a list of the births which have occurred since the preceding report, the full name of each child (if any shall have been conferred), its sex, color, the full name of its parents, the date and place of birth, and the said schedule shall be verified by the practitioner in the form of a certificate between the last and the first report of each month, and shall set forth as the same can be ascertained the number of births of any child born without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 6th 1896
4. Place of Birth, (Street and Number) Milton Place & Schroeder St
5. Full Name of Mother, Blanche E. Dorsey
6. Mother's Maiden Name, Lewis
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas J. Dorsey
9. Father's Occupation Pointer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Edward H. Cordon MD

Address, 1403 W Fayette St

Remarks, 8960005397

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name, sex and color, if any, and the date and place of birth; and the number of children born to the mother, and the number now living; the full name, residence and occupation of its parents, the date and place of birth; and the name and address of the physician or midwife in attendance, if any, and if no physician or midwife was in attendance, then the name and address of the person who has been conferred) its sex, color, the full name, residence and occupation of its parents, the date and place of birth; and the said schedule shall be returned by the person giving the information in the form of a certificate between the first and fifth day of each month to the office of the Commissioner of Health. In case the birth occurs in a hospital, or other institution, the physician or midwife in attendance, if any, shall report the birth as above required, and in all cases of births occurring without the attendance of a physician or midwife, it shall be the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall, for each such offence, be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 12th 1906
4. Place of Birth, (Street and Number) 111 E. Lanvale
5. Full Name of Mother, Margaret E. Wilmes
6. Mother's Maiden Name, " " Kelly
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William J. Wilmes
9. Father's Occupation Laborer
10. Father's Birthplace, Kansas Pa.

Name of Medical Attendant, or other person who makes this Return, Jos E. Lanvale

Address, 1075 W. Fayette St.

Remarks, L.B. 60 05398

Wm. J. C. Dulany Co., City Printers and Stationers.

Midwife, or other person, having charge of a case of birth, shall write the full name and occupation of its parents, the date and place of birth; and the sex and color; the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and no other person be in charge of such case shall occur without the attendance of a physician or midwife. It shall become the duty of the person or parents of such child, where such birth occurs, to furnish the information required by this section, and within the period above required, and upon their failure to do so the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78758

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 nr

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 16 nr 1896
4. Place of Birth, (Street and Number) 1129 Scott St.
5. Full Name of Mother, Annie A. Milne
6. Mother's Maiden Name, Annie A. Kleinkell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John A. Milne
9. Father's Occupation, Asst. Collector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Dreams.

Address, 778 W. Hamburg

Remarks, 1896 0005399

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full names, occupation and residence of its parents, the place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate herein set forth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall make return thereof as above required, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 78759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — First

1. Sex, (state whether male or female) — Female

2. Race or Color, (if not of the white race) — White

3. Date of Birth, — Nov 12 '96

4. Place of Birth, (Street and Number) — 1006 Chilton Pl

5. Full Name of Mother, — Katie C. Trossler

6. Mother's Maiden Name, — Kamps

7. Mother's Birthplace, — Baltd.

8. Full Name of Father, — Edward Trossler

9. Father's Occupation — Washer

10. Father's Birthplace, — Penna

Name of Medical Attendant, or other person who makes this Return. — W. M. Kraus

Address, — 1237 Eutaw

Remarks, — 1 8 9 6 0 0 0 5 4 0 0

mouth, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been born alive since the last return,) the sex, color, the full name and residence of its parents, the date and place of birth, and the name of the physician or midwife, if any, present at the birth. In case the birth of any child shall occur without the presence of a physician or midwife, or should no other person be required, and shall occur within the city, it shall become the duty of the person in whose family or house such child was born, to report its birth to the Commissioner of Health, in the manner and within the time required, and in such report to state the reason why the services of a physician or midwife were not employed. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Law 1286.]

RETURN OF A BIRTH. 78760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Tues Nov 17th 1896
4. Place of Birth, (Street and Number) 904 W. Lombard st
5. Full Name of Mother, Catherine B. Deegan
6. Mother's Maiden Name, Catherine G. Pendergast
7. Mother's Birthplace, Balto City
8. Full Name of Father, William P Deegan
9. Father's Occupation Boiler maker
10. Father's Birthplace, Alexandra Va

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 2301 Appleton St

Remarks, 1896000540 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred in his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been named,) the sex, color, date of birth, and name and surname of the parents, the date and place of birth, and the occupation of its parents, the date and place of birth, and the name and residence of the physician or midwife, or should no other person be in attendance upon the mother, then of the nearest relative present at the birth of any child born alone; which schedule shall be signed by the practitioner in the form of a certificate to the effect that said schedule is, to the best of his knowledge and belief, correct. Every such person shall make return of such birth as aforesaid every month to the office of the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. Section 11. It shall become the duty of the person or parents of each child born alive without the attendance of a physician or midwife, to report the birth of such child to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. Section 12. Any person who shall violate any provision of this section shall be subjected to the fine of five (5) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th
1. *Sex, (State whether male or female)*	Female,
2. *Race or color, (if not of the white race)*	White,
3. *Date of Birth,*	Nov 18th 96,
4. *Place of Birth, (Street and Number)*	508 N. Castle st,
5. *Full Name of Mother,*	Margaret B. Schneider,
6. *Mother's Maiden Name.*	Margaret B. Eck,
7. *Mother's Birthplace,*	Balto Co Md,
8. *Full Name of Father,*	Louis Schneider,
9. *Father's Occupation,*	Carpenter,
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Chas B. Taylor M.D.
Address,	920 N Broadway
Remarks,	1 8 9 6 0 0 0 5 4 0 2

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), his sex, color, the full name and occupation of his parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge, to the Board of Health. In case the birth of any child third day of each month the Commissioner of Health, in the manner as is provided for returns of births in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner as is provided for returns of births in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in any such person or persons who shall have failed to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE J. S. GULSAY & CO., CITY PRINTERS AND STATIONERS

Form 1336

RETURN OF A BIRTH. 78762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white.
3. Date of Birth, Nov. 20th 96
4. Place of Birth, (Street and Number) 1407 Holbrook St.
5. Full Name of Mother, Mrs. Anna Lüft
6. Mother's Maiden Name, Anna Landolt
7. Mother's Birthplace, Cumberland Md.
8. Full Name of Father, John Fred. Lüft.
9. Father's Occupation Reporter
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, J. J. Lebold M.D.

Address, 1092 Biddle St.

Remarks. 8960005403

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of each parent, the date and place of birth, and such other particulars as may be required by the Commissioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwife, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the parent or parents of such child to report the birth in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

No. 1236

RETURN OF A BIRTH. 78763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* Nov 26 1896
4. *Place of Birth, (Street and Number)* 1019 Myrtle Ave
5. *Full Name of Mother,* Laura Christian
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Wallace Christian
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Edwin K. Ballard M.D.

Address,

Remarks,

8 9 6 0 0 0 5 4 0 4

Baltimore under whose charge or superintendence a child is born, shall cause the same to be entered on a blank schedule, to be furnished by the Commissioner of Health, and shall enter in the said schedule all the particulars required to be stated by the Commissioner of Health, touching the birth of such child, and shall report the same to the register of such birth, and shall enter the name of the child, if any, as stated by the informant, in the said schedule at the time of the births which have occurred under his care or observation, and if any shall have died before the same can be ascertained, the fact, the date and place of birth, and the month, and year of death as far as the same can be ascertained, the fact, the date and place of birth, and the name, if any, of such child. Every such physician, midwife or other person shall, within the period above required, and before he shall report the birth to the Commissioner of Health, in the manner and within the period above required, and before he shall report its birth to the Commissioner of Health, in the manner and within the period above required, and shall deliver such schedule, duly signed, at the office of the Commissioner of Health. In case the mother of any child born in Baltimore shall not be delivered by a physician or practioner of midwifery, or the person or parents of such child occur without the mother, immediately thereafter, shall cause the same to be entered on a blank schedule, to be furnished by the Commissioner of Health, and shall enter in the said schedule all the particulars required to be stated by the Commissioner of Health, touching the birth of such child, and shall report the same to the Registrar of such birth, and shall enter the name of the child, if any, as stated by the informant, in the said schedule at the time of the report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED- 7/30/73

RETURN OF A BIRTH. 78764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: LUISE BERTHA ~~KRAUSS~~

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd KRAUS

1. Sex, (state whether male or female) ~~White~~ female

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov 21 96

4. Place of Birth, (Street and Number) 215 Mary Anna St

5. Full Name of Mother, Lizzie Krauss

6. Mother's Maiden Name, ~~Gaither~~ JOHANNA ELizabeth THON

7. Mother's Birthplace, ~~Unites States~~ MARYLAND

8. Full Name of Father, Louis ~~Krauss~~ KRAUS

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Augustus Dill M.D.

Address, 1321 W. Lombard St

Remarks, 8960005405

CERTIFICATE AMENDED 8-2-73 Filed 1896

and shall enter the same in a blank book to be kept for that purpose, during the month, and shall set forth as far as he is able to ascertain the same, the full name of each child born within the district, the name of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case, or by the parent, householder or owner, as the case may be, to the Registrar of Vital Statistics, at the time he shall report the birth of any child, shall occur without the attendance of a Physician or Midwife, it shall be the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 3-1-60

RETURN OF A BIRTH. 78766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mabel Margaret Heise

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 21/96.
4. Place of Birth, (Street and Number) 235 N. Patterson Park Ave
5. Full Name of Mother, Maggie Heise
6. Mother's Maiden Name, Kraus
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles F. Heise
9. Father's Occupation Painter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deiseroth M.D.

Address, 241 S. Washington Ave

Remarks, 1896005406

Health, this schedule shall continue a blank until the full name can be ascertained, the full name of each child, if any shall have been omitted, and shall set forth as far as the same can be ascertained the full name, the date and place of birth, and the name, residence and occupation of its parents in the form of a certificate between the parents of any child born without the attendance of a physician or midwife, and shall be signed by the Physician, midwife or person in attendance, or if there be no such person in attendance upon the mother, the mother herself, if able to do so, and within the period above named. Any person required by this section to report the birth of any child to the Commissioner of Health, who shall neglect or refuse to comply with the provisions of this section shall be subject to the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Jeckel to the use of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth in each case the full name of child, if any; the sex; color; the full name and occupation of the parents, and the place of birth; and the age of the mother; the number of children born to her, and the number now living; and the date of birth of each child. In case the birth of any child has been omitted from any previous return, or in case there has been no birth to report, a similar schedule shall be delivered, duly signed by the physician or practioner of midwifery, or the person or parents of such child, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such child shall not be delivered immediately thereafter, it shall become and is hereby made the duty of the attending physician or practioner of midwifery, or the person or parents of such child, within the period above required, and attendance upon the birth to the Commissioner of Health, to comply with the provisions of this section. Any such person or persons who shall have failed to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 21 Nov 86
4. Place of Birth, (Street and Number) 1515 Race St
5. Full Name of Mother, Jeannie Gibson Hall
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto Md
8. Full Name of Father, James Gibson
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return Mrs. Gaurell

Address, 650 E. Hart Ave

Remarks,

8960005407

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 24. (2.30 P.M.)
4. Place of Birth, (Street and Number) 1023 Light Street.
5. Full Name of Mother, Clara Virginia Buckholz.
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John William Buckholz.
9. Father's Occupation Canmaker.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Jan M. Bonsu for Dr.

Address, Mothers Relief Society 1412 Eutaw Place.

Remarks, 1896 0005408

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be sworn to at the end thereof. He shall enter the full name of each child (if it has one) born during the month, and if there is no name, the word "unnamed" shall be entered; the sex, color, the full name and occupation of its Parents, the certificate between the first and second schedule shall be delivered, duly signed by the Practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person, as above required, make return of the same, it shall become the duty of the parent or nurse in attendance upon the mother to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall immediately thereafter. It shall become the duty of the Commissioner of Health, to enquire into all births which shall occur without the attendance of a physician or midwife, and to report the same with the particulars required, and any such person or persons who shall herein fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 21. November 1896.
4. *Place of Birth, (Street and Number)* 916. th Hare st.
5. *Full Name of Mother,* Elisabeth Hodi.
6. *Mother's Maiden Name,* Fikuta.
7. *Mother's Birthplace,* Roumany.
8. *Full Name of Father,* Balazer Hagi.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Wm. P. Fiessemann.

Address, 2922 Elliott st.

Remarks, 18960005409

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report the particulars of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 78770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Novber 21st 1896
4. *Place of Birth, (Street and Number)*	36 S Register Heut
5. *Full Name of Mother,*	Amanda Ross
6. *Mother's Maiden Name,*	Amanda Kennedy
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Ross
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Brown Midwife
Address,	1922 E Fayette Street
Remarks,	1896000054 10

Health. It is also to be shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, color, and date of birth; the full name, residence, and occupation of its parents, the date and place of birth; and the said certificate shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and shall in such case report the same as far as he shall be able to ascertain the facts required. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 22, 1896
4. Place of Birth, (Street and Number) 16 N Glenby St
5. Full Name of Mother, Sophia Friedman
6. Mother's Maiden Name, Kaplan
7. Mother's Birthplace, Russia
8. Full Name of Father, Abe Friedman
9. Father's Occupation Shoemaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, L Norwood

Address, 1896 0039 Fayette St.

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health Officer shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as to each child the full name of each child, if any, shall have been conferred; the name can be ascertained, the date of birth, and the full name and residence of its parents, the date of certificate between the first and third days of each month to the Commissioner of Health, at the manner and conditions of this section, shall be subject to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. th

1. Sex, (state whether male or female) female.

2. Race or Color, (if not of the white race) white.

3. Date of Birth, 22 November 1896.

4. Place of Birth, (Street and Number) 1246 Hare st.

5. Full Name of Mother, Magaretta Vinets Pa.

6. Mother's Maiden Name, Loschak

7. Mother's Birthplace, Germany.

8. Full Name of Father, Joseph Vinets Pa.

9. Father's Occupation Labor.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs P. Lic-Lemann.

Address, 2920 Elliott st.

Remarks, 1896 0005412

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 78773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 22/96
4. Place of Birth, (Street and Number) 26 do Schroder St
5. Full Name of Mother, Mary Kelley
6. Mother's Maiden Name, " Sigh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Kelley
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. O Hayes

Address, 924 Hopkins St

Remarks, 8960005413

Note.—This schedule shall contain a list of the births which have occurred since the ... day of ... last, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been named, the date and place of birth, and the name, residence, color, occupation and birthplace of its parents, the date and place of their marriage, the number of children born to the mother (including those now deceased), the sex, color, the full name and residence of the physician or midwife in the form of a certificate hereinafter set forth, and such other information as may be required by the Commissioner of Health. In case the birth of any child said schedule shall be delivered daily at the office of the Commissioner of Health, or should no other person be in attendance at such birth, then the physician or midwife in attendance shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above set forth, and shall deliver upon the mother, immediately after the birth, a certificate of such birth, which certificate shall be subject to the inspection of the Commissioner of Health, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 28/96
4. Place of Birth, (Street and Number) 2316 Cambridge Str.
5. Full Name of Mother, Mamie Button
6. Mother's Maiden Name, " Coalbrener
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Button
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 241 S. Washington

Remarks, 1896000541 4

Health, and it shall be the duty of the attending nurse (if any) to ascertain the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or nurse, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

~~CERTIFICATE CORRECTED~~ 3-19-55

~~RETURN OF A BIRTH~~ 78775

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

NAME: LINDNER THOMAS ~~SUMMERS~~

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 4th.

1. *Sex, (state whether male or female)* ~~(illegible)~~ MALE

2. *Race or Color, (if not of the white race)* W

3. *Date of Birth,* Aug 23rd 1896

4. *Place of Birth, (Street and Number)* Patterson mansion - Homestead, City

5. *Full Name of Mother,* Mrs Minnie Merz Summers

6. *Mother's Maiden Name,* Minnie Merz

7. *Mother's Birthplace,* Balto md

8. *Full Name of Father.* Charles P. Summers

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return N. W. Mifflin M.D.

Address, 402 Cathedral St.

Remarks, 1896 0005415

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov. 23rd 1896

4. *Place of Birth, (Street and Number)* 1132 E. Fayette Road

5. *Full Name of Mother,* Mrs. Katrina Blatchley

6. *Mother's Maiden Name,* Katrina Bailey

7. *Mother's Birthplace,* Baltimore, Md.

8. *Full Name of Father,* George H. Blatchley

9. *Father's Occupation* Instructor Pub. Schools Baltimore City

10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Dr. Harriet H. Blatchley

Address, 1132 E. Fayette Road, Waverly

Remarks.

8960005416

months, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been theretofore born alive of such mother), the sex and color, the exact place of birth, and the full name and occupation of its parents, on a certificate between the first and second days of the month following that in which such birth shall occur, which certificate shall be delivered, duly signed by the practitioner, midwife or other person who may be in attendance, to the City Commissioner of Health. In case the birth of any child shall occur without the attendance, lastly thereafter, of any physician or practitioner of midwifery, or midwife, it shall become the duty of such person or persons who shall hereafter visit the mother of such child, within the period above required, and within one week after the birth of such child, to report the same in writing to the Commissioner of Health, in conformity with the provisions of this section. Any person or persons who shall hereafter fail to comply with the provisions of this section shall, for each such offence, be liable to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable, subject to the fine of ten (10) dollars for each offence.

Wm. J. C. Dulany Co., City Printers and Stationers.

[No. 1236.]

RETURN OF A BIRTH. 78777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Nov 24 96
4. *Place of Birth, (Street and Number)* 767 Booth ave Ex,
5. *Full Name of Mother,* Annie Ray
6. *Mother's Maiden Name,* Annie Holmes,
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Thos Ray
9. *Father's Occupation* Stevedore,
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Oscar O Lumpkin M.D.

Address, Md Steel Works

Remarks,

8960005417

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be set forth as far as the same can be ascertained the full name of each child, (if any shall have been) the sex, color, date of birth, full name, age and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the midwife or other person in charge, to the Registrar on the third day of each and every month in the office of the Commissioner of Health. In case between the first and third days of any month there shall occur no birth, a report to that effect shall be made. In case of twins, triplets, &c., a like report shall be made. In case of the absence of a physician or practicioner of midwifery, or should no other person be in attendance at the birth, the parent or parents shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health.—This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall be delivered at the office of the Registrar of Vital Statistics, Board of Health, on the day next after the last day of each and every month in which any birth shall occur, and shall have been entered; and if no birth shall occur in any month, a report to that effect shall be made. And the said schedule shall be delivered as aforesaid, with the full name and occupation of the parents, the date and place of birth of each child, and the full name of the person making the return, and the date of making the same, as far as the same can be ascertained; and the said schedule shall be delivered by the practitioner in attendance upon the birth, or in case of the absence of such practitioner, by the nurse in attendance upon the mother immediately thereafter. It shall be the duty of the person in charge of any Lying-in Hospital, Asylum or Institution, to which any woman may be admitted for delivery, to report its birth to the Commissioner of Health, in the manner and within the period above required of such person or persons who shall be in attendance upon the mother at her own residence. Any person subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 June 1896
4. Place of Birth, (Street and Number) 213 St Paul Place
5. Full Name of Mother, Lillie Pearl Manning
6. Mother's Maiden Name, Lillie Pearl Judge
7. Mother's Birthplace, Germany
8. Full Name of Father, Mr Jack McGuigan
9. Father's Occupation, Beer Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Manning

Address, 414 E Baltimore St

Remarks, Mother and Child doing well

8960005418

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White mail
3. Date of Birth, 24 November 1896
4. Place of Birth, (Street and Number) Columbia 1234
5. Full Name of Mother, Jennie L. Lowe
6. Mother's Maiden Name, Jennie Busch
7. Mother's Birthplace, London
8. Full Name of Father, Joseph J. Adams
9. Father's Occupation, plaster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susie Waters

Address, 1218 Lanvale st

Remarks,

+ 8960005419

Health. This schedule shall contain a list of the births which have occurred during the week next preceding the day on which it is to be returned, and shall set forth as far as can be ascertained the full name and occupation of the parents, and the street and number of the residence where each child was born, and the full name and occupation of the person making the return, and the date of birth; and the said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or in case the person or parents of such child to report the same to the Commissioner of Health, in writing, within the period above required, and shall deliver with such report the certificate of a physician or midwife, if any such have been present at the birth, or a statement of the reason why such certificate cannot be procured. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

N 1236

RETURN OF A BIRTH. 78780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 24 1876
4. *Place of Birth, (Street and Number)*	662 Barnes St
5. *Full Name of Mother,*	Mary Conrad
6. *Mother's Maiden Name,*	Mary Vanuchrd
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Michal Conrad
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return,	Anna Swoboda
Address,	1010 N Durham St
Remarks,	Balto Md

+ 8960005420

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as near as may be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and residence of its parents, the date, and place of birth; and the schedule shall be delivered, duly signed by the practitioner in person, or shall be left at the office of the Commissioner of Health, at the expiration of the first and third days of each month. And every person or practitioner of midwifery, or should no other person in attendance upon the mother, immediately after the birth of any child, be present, the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or fine (by) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 25
4. Place of Birth, (Street and Number) 231 Wyatte ave
5. Full Name of Mother, Annie Lauer
6. Mother's Maiden Name, Annie Engel
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank. Lauer
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs W. Maennel M.D.

Address, 913 n Fulton ave

Remarks,

1 8 9 6 0 0 0 5 4 2 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full names of its parents, the date and place of birth, and the said schedule shall be signed by the practitioner in the form of a certificate between the first and fifth day of each month to the office of the Commissioner of Health. And should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED, 6-9-64

RETURN OF A BIRTH 20782

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NAME: Caryl Natali Byrd

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) W
3. *Date of Birth,* November 25th 1896
4. *Place of Birth,* (Street and Number) Park Avenue
5. *Full Name of Mother,* Ada Bayley Byrd
6. *Mother's Maiden Name,* Ada Bayley
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Clyde P. Byrd
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return R. W. Mifflin M.D.

Address, 402 Cathedral St

Remarks,

1 8 9 6 0 0 0 5 4 2

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

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RETURN OF A BIRTH. 78783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	25 November
4. Place of Birth, (Street and Number)	1434 Hull st.
5. Full Name of Mother,	Ella Coughlin
6. Mother's Maiden Name,	" Madden
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Thomas Coughlin
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Rockf. Mofford
Address,	1331 Hull st. Locust Point
Remarks,	18960005423

Wm. J. C. Dulany Co., City Printers and Stationers.

unotify, and (4) his sex, color, the full name and residence of the parent or person in charge of such child, the date and place of birth, and such other facts as may be required by the practitioner of Health. In cases where there is no attendant, or where such attendant is not a practitioner of medicine, or midwifery, the person or parents of such child shall cause all the information required by this section to be given to the practitioner of Health, or cause the same to be entered upon the certificate herein provided for, within the period above specified. In the event of a birth occurring in a public institution, it shall become the duty of the person in charge thereof to report its birth to the practitioner of Health, in the manner and within the time above specified. Any person who shall neglect, refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

286.]

RETURN OF A BIRTH. 78784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 11 th

1. Sex, (*state whether male or female*) Female

2. Race or Color, (*if not of the white race*) White

3. Date of Birth, November 26th 1894

4. Place of Birth, (*Street and Number*) 613 N. Paca St

5. Full Name of Mother, Katherine Ann Brooks

6. Mother's Maiden Name, Katherine Ann Butler

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Michael L. Brooks

9. Father's Occupation Bricklayer Mechanic

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, North 22 Pappleton Ave

Remarks,

8760005424

Sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife, within thirty days after the birth, and within thirty days after every birth thereafter which may occur in his or her practice. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the father or mother of such child shall become the duty of the person or parties so in attendance, to report the birth to the Commissioner of Health, in the manner above directed, and within thirty days after every birth thereafter which may occur in his or her family. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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236.]

RETURN OF A BIRTH. 78785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 26th 1896
4. *Place of Birth, (Street and Number)*	1818 Eastern Ave
5. *Full Name of Mother,*	Anna Winkler
6. *Mother's Maiden Name,*	Anna Bottcher
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Louis Winkler
9. *Father's Occupation*	Upholsterer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs H Brodie, Midwife
Address,	1922 E Fayette Street
Remarrks,	

8960005425

month, and shall set forth as far as the same can be ascertained the (full name of each child, if any, that have been conferred) its sex, color, the full name and occupation of its parents, the date of birth, and the said schedule shall be delivered, duly signed by the Vital Statistics Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person above required, and any such person so neglecting or failing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. 1a.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 26th. of November 1896.
4. Place of Birth, (Street and Number) 1215 Hanover stree.
5. Full Name of Mother, Elizabeth Jenkins Wisotzka.
6. Mother's Maiden Name, Jenkins
7. Mother's Birthplace, Germany.
8. Full Name of Father, Johan Wisotzka
9. Father's Occupation Laborer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Sachs & Dr. Linsenmeir.

Address, 2929 Elliott stree.

Remarks,

1896 00054 26

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. For every birth occurring in this city, the parent, householder or owner of the premises where such birth occurs, or the physician, midwife or nurse in attendance upon the mother, shall, within the period above required, report to the Commissioner of Health, in the manner and within the period above required, the name, sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, at the office of the Commissioner of Health, by the physician or midwife in attendance, if there be one, and if not, by the householder or owner of the premises where such birth occurs, or by some person who shall hereafter come into the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. Section 2. And be it further ordained, That if the person upon whom the duty of the attendance of a physician or practitioner devolves, or the parent, householder or owner of the premises where such birth occurs, or any such person who shall hereafter come into the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, shall fail to comply with the provisions of this section, he shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 27 '96

4. Place of Birth, (Street and Number) 42 Belair Ave

5. Full Name of Mother, Louise Prohmeyer

6. Mother's Maiden Name, " Krupecke

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Prohmeyer

9. Father's Occupation Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1606 Walker St

Remarks,

1 8 9 6 0 0 0 5 4 2 7

...ealth. ...
month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Boy Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 27. 1896
4. *Place of Birth, (Street and Number)* 121. S. Calhoun st
5. *Full Name of Mother,* Grace P. Forrest. Edmling Helmling
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wesley M. Forrest
9. *Father's Occupation* Moulder
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Edward H. Condon M.D.

Address, 1403 W Fayette st

Remarks,

1 8 9 6 0 0 0 5 4 2 8

month, and shall set forth as far as the same can be ascertained the full name of such child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the full maiden name of the mother; and the person giving the first certificate of the birth of any child shall, within the third day of each and every month, transmit a certificate of the birth of any child born during the preceding month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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38.]

RETURN OF A BIRTH. 78789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11:

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 27. November.
4. Place of Birth, (Street and Number) N. 118. Bethel Street
5. Full Name of Mother, Amy Evgers.
6. Mother's Maiden Name, Amy Gier.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Evgers.
9. Father's Occupation Tailor.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Ross.

Address, N. 2. N. Wolfe Street

Remarks,

8960005429

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Boards of Health shall have the same rights to ascertain the birth name of each child, if any, that have been conferred by law upon Boards of Health to ascertain its sex, color, the full name and occupation of its parents, the date and place of birth, and the time elapsed between the first and second births; and the physician or midwife in attendance at each birth shall be delivered, duly signed by the practitioner in the case, a certificate of such birth, containing all the information required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the householder or other person having knowledge of such birth shall report the same within the time and with the information above required, and shall deliver, immediately thereafter, it shall become the duty of the person in whose house or on whose premises such birth shall occur, or in whose charge the mother may be at the time of such birth, to report the same within the time and with the information above required, and any such person or persons who shall furnish false information, to be recovered as other fines and forfeitures are recoverable. Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1888.]

CERTIFICATE CORRECTED 10-2-56

RETURN OF A BIRTH. 78790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie Erma Romanstt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* gire
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nove the 27 1896
4. *Place of Birth, (Street and Number)* No 9 dd Fredrec road
5. *Full Name of Mother,* Annie R ~~son~~ Romans
6. *Mother's Maiden Name,* Bentley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* L Wilson ~~Romanst~~ Romans
9. *Father's Occupation* L carpenter
10. *Father's Birthplace,* new york

Name of Medical Attendant, or other person who makes this Return, Mrs Hie Blum

Address, colvin St near Loney Ln

Remarks,

18960005430

Wm. J. C. Dulany Co., City Printers and Stationers.

which a birth shall not have been recorded as aforesaid, the full name of each child, (if any shall have been conferred) its sex, color, the full name and residence of the parents of the child, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. of. Child. to. Mother

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White race
3. Date of Birth, November 27th 1896.
4. Place of Birth, (Street and Number) 1602 North. Dugham St
5. Full Name of Mother, Maggie. Schonberger
6. Mother's Maiden Name, Maggie Söllner
7. Mother's Birthplace, Münchberg. Bavaria
8. Full Name of Father, Nicholas. Schonberger
9. Father's Occupation, Laborer
10. Father's Birthplace. City of Richmond. Va

Name of Medical Attendant, or other person who makes this Return, D. Drewes. Mid. ar ife.

Address, 1625 Hopkins Ave.

Remarks,

8960005431

Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 78792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	White Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1921 E Fayette Street
4. *Place of Birth, (Street and Number)*	Novber 28th 1896
5. *Full Name of Mother,*	Rosa Fortenmiller
6. *Mother's Maiden Name,*	Rosa Franz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chris Fortenmiller
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H. Rogers Midwife
Address,	1922 E Fayette Street
Remarks,	

1896000 5432

Wm. J. C. Dulany Co., City Printers and Stationers.

ments, and shall set forth as the name can be ascertained the full name of each child (if any shall have been conferred) his sex, color, day, month and year of birth, and the full name, age, birthplace and occupation of his parents. The date of birth of each child born alive thereafter shall be duly signed by the practitioner in the form of certificate above required, and said schedule shall on every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person duly authorized by this section make return of such birth, it shall become the duty of the person above required, and attendance upon the mother, immediately after the birth, to report to the said Commissioner of Health, in the manner and with the particulars required of physicians and midwives, the birth of such child; and any such person who shall hereafter fail to report such birth within the time and in the manner required by this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78793

GIVEN NAME ADDED 8/30/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Stephenson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. Newcomer

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov 28, 1896

4. *Place of Birth, (Street and Number)* 404 N. Eutaw St.

5. *Full Name of Mother,* Elizabeth Newcomer.

6. *Mother's Maiden Name,* Elizabeth Stevens.

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* Jacob L. Newcomer.

9. *Father's Occupation* Book-keeper

10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, J. C. Clarke

Address, 1201 Madison Ave

Remarks,

1 8 9 6 0 0 0 5 4 3 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12d

1. Sex, (state whether male or female) Bob
2. Race or Color, (if not of the white race) weis
3. Date of Birth, 28 November
4. Place of Birth, (Street and Number) Kanal St N 915
5. Full Name of Mother, Jedwich Pechnicka
6. Mother's Maiden Name, " Kodymas
7. Mother's Birthplace, Deutchland
8. Full Name of Father, Tomasz Pechnicka
9. Father's Occupation Arbeiter
10. Father's Birthplace, Deutchland

Name of Medical Attendant, or other person who makes this Return, H. Begier

Address, Fait Ave N de 264

Remarks, Baltimore

1896000 5434

been conferred) its sex; color; the full name and occupation of its parents, the date and place of birth; and the said [illegible] of each and every month to the office of the Commissioner of Health, in the manner and within the period above specified, and shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth of any child, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the requirements of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3th 4th + 5th (twins)
1. Sex, (state whether male or female)	both males.
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Nov 28 96
4. Place of Birth, (Street and Number)	9 Carroll St. (W. annex)
5. Full Name of Mother,	Lizzie Atkinson
6. Mother's Maiden Name,	Smith
7. Mother's Birthplace,	U.S.
8. Full Name of Father,	Charles Atkinson
9. Father's Occupation,	Hair Spinner
10. Father's Birthplace,	U.S.
Name of Medical Attendant, or other Person who makes this Return.	Dr Gustav Dill M.D.
Address,	1334 W. Lombard St
Remarks,	None

8960005435

ascertained. The full name of each child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second visits, or if there be no such visit, then within thirty days after birth, and every such practitioner who shall neglect to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., Law Printers and Stationers.

RETURN OF A BIRTH 78796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 28, 1926
4. Place of Birth, (Street and Number) 702 Lugano
5. Full Name of Mother, Lela Leland
6. Mother's Maiden Name, Lela Trent
7. Mother's Birthplace, Balto
8. Full Name of Father, Leonard Leland
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Ward Lovejoy

Address, 22 E Saratoga St

Remarks,

8960005436

Wm. J. C. Dulany Co., City Printers and Stationers.

Boards shall register its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, including the child last born, and the name and residence of the physician or midwife in attendance upon the birth, and shall report the same to the Commissioner in the form of a certificate between the 1st and 5th days of each and every month, or oftener if required by the Commissioner of Health. It shall be the duty of the person or parents of such child to report the birth to the Board of Health, and in default of such report, or if there be no such person, it shall be the duty of each and every physician or practicioner of midwifery in the city of the person or parents of such child, to report the same to the Board of Health, in the manner and within the period above mentioned; and no burial shall occur without the attendance of a physician or midwife, unless a certificate of birth shall be submitted to the undertaker immediately thereafter. It shall be the duty of the undertaker attending upon such burial to report the same to the Board of Health in the manner and within the period above mentioned; and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 8" 1876.

4. Place of Birth, (Street and Number) 573 Callendar al

5. Full Name of Mother, Louisa Musgrove

6. Mother's Maiden Name, Zimmerman

7. Mother's Birthplace, Maryland

8. Full Name of Father, Charles Musgrove

9. Father's Occupation, Laboner

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Ellis E. Garee

Address, 830 Columbia ave.

Remarks,

1896 - 05437

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month next succeeding the birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child shall neglect to report its birth to the Commissioner of Health, in the manner and within the period above required, and after such neglect the attendance upon the mother, immediately thereafter, of a physician or practitioner of midwifery, such person or parents shall be liable to a penalty of ten dollars, to be recovered as other fines and forfeitures are recoverable. Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month of the year, to the Commissioner of Health, or shall be left at such office within one hundred and twenty hours after the birth of any child, to which no other person is in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

Name - William Louis Spear

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 11th 1896
4. Place of Birth, (Street and Number) 282 W. Cross Street
5. Full Name of Mother, Mary C. Spear
6. Mother's Maiden Name, Wright
7. Mother's Birthplace, Maryland
8. Full Name of Father, Louis C. Spear
9. Father's Occupation, Brakeman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Ellis C. Garee M.D.

Address, 830 Columbia Ave.

Remarks,

1896000543 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 78799

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-h

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 13th November

4. Place of Birth, (Street and Number) 1817 Etting

5. Full Name of Mother, Augusta Lee

6. Mother's Maiden Name, Augusta A Lee

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Jesse Lee

9. Father's Occupation, Porter

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return C. S. Parker M.D.

Address. 1816 Druid Hill ave

Remarks.

B 2 6 U 0 0 5 4 3 9

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Nov. 15th 1896.
4. Place of Birth, (Street and Number)	1104 Pinkney Street
5. Full Name of Mother,	Blanche Krell Bell
6. Mother's Maiden Name	"
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Krell
9. Father's Occupation	Huckster
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return	Ellis C. Carey M.D.
Address,	832 Columbia ave.
Remarks.	

1896 U 085440

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of this certificate between the first and third day of each and every month to the Commissioner of Health, or should no other person of such attendance upon the mother, Commissioner of Health to comply with the foregoing requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 78801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colerd
3. Date of Birth, November 7th 20 1896
4. Place of Birth, (Street and Number) Hurey st No 125
5. Full Name of Mother, Mary Lancarter
6. Mother's Maiden Name, Mary Baily
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Lancarter
9. Father's Occupation Labuer
10. Father's Birthplace, Warkington

Name of Medical Attendant, or other person who makes this return, Ranpat Jane Thiemon

Address, 124 west Hurey st

Remarks, full 9 months

8960005441

Wm. J. C. Dulany Co., City Printers and Stationers.

And schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner it shall become the duty of the person or parents in attendance upon the mother, within the time prescribed in this section with respect to the report of the birth of a child to report such birth to the Commissioner of Health, in the manner and with the particulars required by the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 25th
4. Place of Birth, (Street and Number) 845 Fulton road
5. Full Name of Mother, Sarah Elizabeth American
6. Mother's Maiden Name, Sarah E. Biggs
7. Mother's Birthplace, Franklin Co Pa
8. Full Name of Father, George Andrew American
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Mary I Parreay

Address, 2867 Landale St

Remarks,

8460005442

Wm. J. C. Dulany Co., City Printers and Stationers

Each delinquent of sex, color, full name and occupation of its parents, the date and place of birth, and the number of the child of the mother, as required by the Commissioners for the certificate between the first and said schedule shall be delivered, duly signed by the Practitioner in charge, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office aforesaid. Any physician or practicioner of midwifery, or should no other person be in shall occur without the attendance of a physician or midwife, the duty of the person in charge of such child to report its birth to the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 78803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December the 26 1896
4. Place of Birth, (Street and Number) Sharp Street No 615
5. Full Name of Mother, Lizzy gidens
6. Mother's Maiden Name, Lizzy James
7. Mother's Birthplace, North Hampton via
8. Full Name of Father, James gidens
9. Father's Occupation Laborer
10. Father's Birthplace, North Hampton via

Name of Medical Attendant, or other person who makes this Return Harriet Sans Shimmen

Address, 104 west Fleury st

Remarks, full 9 months

1896 0005443

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of vital statistics. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or there is no person or parents of such child to report its birth to the Commissioner of Health, it shall become and will within the period above required, and shall moreover report its birth to the Commissioner of Health, it shall become and will within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 26 1855
4. Place of Birth, (Street and Number) 1325 York Road
5. Full Name of Mother, Mary Conglor
6. Mother's Maiden Name, Voelkel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Allen B Conglor
9. Father's Occupation, Merchant
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Hezekiah Merrick M.D.

Address, 237 Gorsuch Ave

Remarks,

+ 8960005444

said offender shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case there is no such practitioner in attendance, such certificate shall be signed by some other person having knowledge of the facts, and shall be delivered as aforesaid within the period above required, and in case any such practitioner or other person shall fail to comply with the provisions of this section, he shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 78805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 28/96
4. *Place of Birth, (Street and Number)* 226 S. Chappell St.
5. *Full Name of Mother,* Nina Peuste
6. *Mother's Maiden Name,* " Giles
7. *Mother's Birthplace,* Eastern Shores. (Md.)
8. *Full Name of Father,* Caspar Peuste
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Eastern Shores (Md.)

Name of Medical Attendant, or other person who makes this Return, Mrs. Dienstbeer

Address, 241 S. Washington St.

Remarks,

6 7 6 0 0 0 5 4 4 5

been corrected, its sex, color, the full name and occupation of its parents, the date and place of birth and the legal residence of the latter, which shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month thereafter, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or persons in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons in attendance upon the mother immediately thereafter, to report in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth.*	Nov 28 1916
4. *Place of Birth. (Street and Number)*	1612 E. Federal St
5. *Full Name of Mother,*	Caroline Limberger
6. *Mother's Maiden Name.*	Hefner
7. *Mother's Birthplace.*	Balto
8. *Full Name of Father.*	Bernard Limberger
9. *Father's Occupation*	Shoe finisher
10. *Father's Birthplace.*	Balto
Name of Medical Attendant, or other person who makes this Return,	Wm J Watson
Address,	1601 N Broadway
Remarks.	

8 9 6 0 0 0 5 4 4 6

Wm. J. C. Dulany Co. City Printers and Stationers.

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RETURN OF A BIRTH. 78807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 03rd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Hebrew
3. Date of Birth, Nov. 28, 1896
4. Place of Birth, (Street and Number) 828 N. Parrish St
5. Full Name of Mother, Sarah Arokasky
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father,
9. Father's Occupation Shoemaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. H. Cooper Mrs.

Address, 115 W. Lombard St

Remarks,

8 9 6 0 0 0 5 4 4 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said duty of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of any child, it shall be the duty of the person or persons who shall hereafter fail to comply with the above requirements and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above specified, and any person or persons who shall hereafter fail to comply with the above requirements shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether mate or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 28th Nov 96
4. Place of Birth, (Street and Number) 648 E. Lombard Ave
5. Full Name of Mother, Kate Howard
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Charles Howard
9. Father's Occupation Plumber
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs E. Jewell

Address, 650 E. Lombard Ave

Remarks,

1896 0005448

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if there was one, all of which particulars he is hereby required to enter in said schedule, duly signed by the practitioner in the case of a birth which he has been the first and shall be delivered, duly signed by the practitioner in the case of a birth which he has been the first and third day of each and every month to the officer of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and with the particulars required of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st to 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, November 28 / 96

4. Place of Birth, (Street and Number) 1604 Duncan Ave

5. Full Name of Mother, Annie O Taylor

6. Mother's Maiden Name, Annie O Stump

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Jesse J Taylor

9. Father's Occupation, Brass finisher

10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other person who makes this Return. D. Downes. Mid-wife

Address, 1625 Hopkins Ave.

Remarks, 1896 0005449

Wm J C. Dulany Co., City Printers and Stationers.

Every physician or midwife shall, within three days after the birth of any child attended by him or her, make a return thereof to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. Any person required by this section to make a return who shall neglect or refuse duly to make the same within the time prescribed, or shall make a false return, shall forfeit to the use of the city not less than five nor more than fifty dollars, and every person required by this section to make a return who shall neglect or refuse duly to make the same within the time prescribed, or shall make a false return, shall forfeit to the use of the city not less than five nor more than fifty dollars, and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 d

1. *Sex, (state whether male or female)* Bob
2. *Race or Color, (if not of the white race)* weis
3. *Date of Birth,* 29 November
4. *Place of Birth, (Street and Number)* Luzern St No 828
5. *Full Name of Mother,* Josefa Zampuska
6. *Mother's Maiden Name,* Pichocka
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Felix Zampuski
9. *Father's Occupation* Arbeiter
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other person who makes this Return, M. Zeguer

Address, Fait Ave St No 260

Remarks, Baltimore

8960005450

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (4) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 29 ct 1896

4. Place of Birth, (Street and Number) 806 N. Fran Klin St

5. Full Name of Mother, Christiana Krebs

6. Mother's Maiden Name, Christiana King

7. Mother's Birthplace, Balt Co Md

8. Full Name of Father, Charles Stocker Krebs

9. Father's Occupation Salesman

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Wm W. Mammel

Address, 913 N Fulton ave

Remarks,

+ 3 9 6 0 0 0 5 4 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29th November 1896.
4. Place of Birth, (Street and Number) 28 Wadsira St.
5. Full Name of Mother, Katharina Adams
6. Mother's Maiden Name, Katharina Reins
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, August Adams
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this return, Mrs Sol. Hill,

Address, 207 Castle St

Remarks,

1896 0005452

Dated ..... day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person having such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Nov. 29/96
4. Place of Birth, (Street and Number) 1320 N. Gilmor St
5. Full Name of Mother. Ariel Abbott
6. Mother's Maiden Name. Ariel A Parlett
7. Mother's Birthplace, Annapolis
8. Full Name of Father, Un Roth Abbott
9. Father's Occupation Clerk
10. Father's Birthplace. Balto

Name of Medical Attendant, or other person who makes this Return, A. C. Pole

Address, 2038 Madison av

Remarks, 8960005453

Wm. J. C. Dulany Co., City Printers and Stationers.

Each case (stating) as sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the attendant, to the Commissioner in the form of a certificate between the first and third day of each and every month of the city of the person or parents of such child. If no physician or practitioner of midwifery shall be present at the birth of any child shall occur without the other, immediately thereafter, in like manner and within the period above stated, the attendance upon the mother, or if no other person shall be present at the birth of any child, the mother of such child shall be subject to the penalty of ten (10) dollars for each offence, to be recovered in other lines and forfeitures are recoverable. any such person or persons who shall neglect or fail to comply with the provisions of this section or shall be subjected to the fine of ten (10) dollars for each offence.

RETURN OF A BIRTH. 78814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 29 1906
4. *Place of Birth, (Street and Number)* 2212 Mulberry St
5. *Full Name of Mother,* Marion Reynolds
6. *Mother's Maiden Name,* Marion Raine
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jno P. Reynolds Jr
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. A C Pole

Address, 2038 Madison Ave

Remarks, 8 9 6 0 0 0 5 4 5 4

been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father, or, in his absence, the mother, or, in case neither father nor mother is living, the householder or other person in charge of the premises where such birth shall become known, shall within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, nov 29 1896
4. Place of Birth, (Street and Number) Baltimore 1401 ten foot alley
5. Full Name of Mother, Alice Leyza
6. Mother's Maiden Name. Alice Leyza
7. Mother's Birthplace. Baltimore city
8. Full Name of Father. John Downs
9. Father's Occupation oyster tonter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Elora C Brent

Address, no 219 Rogers Avenue

Remarks. Every thing all right

8760005455

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Nov 22 1934
4. *Place of Birth, (Street and Number)* 171 Harford Road
5. *Full Name of Mother,* Blanch Macdonald
6. *Mother's Maiden Name.* Macdonald (not married)
7. *Mother's Birthplace.* Md.
8. *Full Name of Father.* Not Known
9. *Father's Occupation.* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. H. Young, Westbrook Md.

Address. 237 Gorsuch avenue

Remarks.

B 960005456

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur in the absence of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 29/96
4. Place of Birth, (Street and Number) 1817 Duncan Place
5. Full Name of Mother, Barbara Seiler
6. Mother's Maiden Name, " Eppkent
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Henry Seiler
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Muller

Address,

Remarks, 5960005457

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 1620 Miller St
4. Place of Birth, (Street and Number) Nov. 30 '96.
5. Full Name of Mother, Carrie Montague
6. Mother's Maiden Name, Kahl
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Ernest Montague
9. Father's Occupation Turner
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Myller

Address, 1605 Hanover St

Remarks,

1896 0005458

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, # Friday Jan 3d 1919
4. Place of Birth, (Street and Number) Univ. of Md. Balto. Md.
5. Full Name of Mother, Annie L. McComas
6. Mother's Maiden Name, Annie L. Hinkel
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Wilbur F. McComas
9. Father's Occupation Fireman
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Margaret V. Hinkel

Address, # 114 Paca St. Balto. Md.

Remarks, Still Born Child

1 6 9 6 0 0 0 5 4 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 3. And be it further enacted, That it shall be the duty of every physician or midwife, and in the absence of a physician or midwife, then of the nearest relative present at the birth of any child, or of the householder of the house in which any child shall be born, or of the superintendent or manager of any institution in which any child shall be born, to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person who shall refuse or neglect to report such birth as herein required, shall be subject to a fine of not more than ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

Section 4. And be it further enacted, That it shall be the duty of the Commissioner of Health, to cause the birth of any child to be registered, upon the certificate of a physician or midwife, if there be in attendance, or if there be no physician or midwife in attendance, then upon the certificate of the nearest relative present at the birth, or of the householder of the house in which any child shall be born, or of the superintendent or manager of any institution in which any child shall be born, or upon the certificate of the person or parents of such child, if there be no other person required by this section to report the birth of such child, and who shall refuse or neglect to report such birth as herein required, and any such person who shall refuse or neglect to report such birth as herein required, shall be subject to the fine of not more than ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 30 Nov. 1896
4. Place of Birth, (Street and Number) 1510 Bird St
5. Full Name of Mother, Mary Brown
6. Mother's Maiden Name, Mary Elles
7. Mother's Birthplace, America
8. Full Name of Father, Joe Brown
9. Father's Occupation Labor
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Caroline Schwarz

Address, 434 Fort ave

Remarks,

18960005460

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 Nov. 1896
4. Place of Birth, (Street and Number) 5 Barney St
5. Full Name of Mother, Babry Maber
6. Mother's Maiden Name, Babry Baeber
7. Mother's Birthplace, America
8. Full Name of Father, William Maber
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Ans-Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort Ave

Remarks,

1896 0005461

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 Nov 1896
4. Place of Birth, (Street and Number) 135 Gittings St
5. Full Name of Mother, Anna Rebmeyer
6. Mother's Maiden Name, Anna Muller
7. Mother's Birthplace, Germany
8. Full Name of Father, Gustav Rebmeyer
9. Father's Occupation Cabs
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

B 96 0 0 0 5 4 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth must be reported within one month to the office of the Commissioner of Health, or should no other person be in attendance, the physician or midwife in charge shall become the duty of the person or parents of such child to report the birth to the Commissioner as above required, and if the birth shall occur without the presence of a physician or midwife, then the duty devolves upon the father or mother, immediately thereafter, in the manner and within the time above specified. Any person who shall fail to report a birth, in the manner and within the time above specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78828

78828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov 20 1896
4. Place of Birth, (Street and Number) 719 409 N Eutaw St.
5. Full Name of Mother, Amelie Ganser
6. Mother's Maiden Name, " Schnizle
7. Mother's Birthplace, Germany
8. Full Name of Father, Matthew Ganser
9. Father's Occupation Shoe store
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. M. A. Geltz

Address, 1004 W. Lexington St

Remarks.

1896 0 0 0 5 4 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Each schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to a physician or practitioner become the duty of the person or persons required, and shall occur without the city, immediately thereafter, in the manner and within the time required, and attendance upon the mother, shall within the time required by this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 78824

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 30 November
4. *Place of Birth, (Street and Number)* Balt William st 1297
5. *Full Name of Mother* Mrs Edwina Hatfield
6. *Mother's Maiden Name* Conway
7. *Mother's Birthplace* Italia
8. *Full Name of Father* Edward Everett Hatfield
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Italia

Name of Medical Attendant, or other Person who makes this Return. Dr. Conway

Address

Remarks

8960005464

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

236

RETURN OF A BIRTH. 78826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1 of November
4. *Place of Birth, (Street and Number)*	410 Mardeall
5. *Full Name of Mother,*	Francis Vališ Hradsky
6. *Mother's Maiden Name,*	Francis Valis
7. *Mother's Birthplace,*	Bohmen
8. *Full Name of Father,*	Jems Hradsky
9. *Father's Occupation*	Thailor
10. *Father's Birthplace,*	Bohmen
Name of Medical Attendant, or other person who makes this Return.	Luise Svatora
Address,	1010 Durham st
Remarks,	

8960005465

Wm. J. C. Dulany Co., City Printers and Stationers.

...been collected) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or other person in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth. 2 November
4. Place of Birth, (Street and Number) 1109 Edson st
5. Full Name of Mother, Frances Anton
6. Mother's Maiden Name, Reinsfelder
7. Mother's Birthplace, Balt.
8. Full Name of Father. Peter Anton
9. Father's Occupation cutter
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Central Avenue

Remarks.

8960005466

Wm. J. C. Dulany Co., City Printers and Stationers.

Said Return is required only once for the first birth in any city or county to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within ten days thereafter, and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 5 November
4. Place of Birth, (Street and Number) 1812 Anne st
5. Full Name of Mother, Mearie Baar
6. Mother's Maiden Name, Bohle
7. Mother's Birthplace, Germ.
8. Full Name of Father, Niclas Baar
9. Father's Occupation, Brichlayer
10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Wall.

Address, 928 N. Kent Str.

Remarks,

1896 0005467

Wm. J. C. Dulany Co., City Printers and Stationers.

Any Physician, Midwife or other person who shall neglect or refuse to certify and return the birth of any child as required by this section, shall forfeit and pay for each such offence the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable. The Physician in attendance upon the mother during her confinement shall be entitled to a fee of fifty cents for each certificate he shall make and return to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or practitioner of midwifery, or should no other person be in attendance upon the mother, then it shall become the duty of the person or persons occupying the house where such birth occurs, to certify and return the same as required, and any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] the sex, [illegible] the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 of November
4. *Place of Birth, (Street and Number)* 1615 Barner str
5. *Full Name of Mother,* Tiny Černy
6. *Mother's Maiden Name,* Tiny Pešta
7. *Mother's Birthplace,* Bohmen
8. *Full Name of Father,* Jou Černy
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Bohmen

Name of Medical Attendant, or other person who makes this Return, Luise Švatora

Address, 1010 Durham str

Remarks,

1 8 9 6 0 0 0 5 4 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6 Novembre
4. *Place of Birth, (Street and Number)* 1227 Bidle St.
5. *Full Name of Mother,* Marie Sneider
6. *Mother's Maiden Name,* Etzel
7. *Mother's Birthplace,* Ball.
8. *Full Name of Father,* Willie Sneider
9. *Father's Occupation*
10. *Father's Birthplace,* Ball

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Carl St.

Remarks,

1896 0005469

child day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) boy

2. Race or Color, (if not of the white race) W.

3. Date of Birth, November 2 1923

4. Place of Birth, (Street and Number) 2223 E. Chase St.

5. Full Name of Mother, Lizie Klein

6. Mother's Maiden Name, Moore

7. Mother's Birthplace, Balt.

8. Full Name of Father, Nicholas Klein

9. Father's Occupation =

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 N. Carey Avenue

Remarks.

8960005470

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, the duty of the person or persons required, and hereinbefore named, to report the same, shall devolve upon the person having charge of such child to report the birth to the Commissioner of Health in the manner and within the time herein required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10 th Nov.
4. Place of Birth, (Street and Number) 417 E. Eager St
5. Full Name of Mother, Lizzie Büttner.
6. Mother's Maiden Name, Lizzie Moran
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Büttner
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Beth midwife

Address, 417 E. Eager St.

Remarks,

1 8 9 6 0 0 0 5 4 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. 10 of November 1896
4. Place of Birth, (Street and Number) 910 Castle st
5. Full Name of Mother, Mary Němec
6. Mother's Maiden Name, Mary Kubin
7. Mother's Birthplace, Bohimen
8. Full Name of Father, Tom Němec
9. Father's Occupation Thailor
10. Father's Birthplace, Bohimen

Name of Medical Attendant, or other person who makes this Return, Luise Šatora

Address, 1910 Durham st

Remarks. 1 8 9 6 0 0 0 5 4 7 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the Commissioner of Health. In case no other person be in attendance at the birth of any child shall occur upon the mother, Commissioner of Health, in the manner and subject to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, which shall occur without the issue of a birth certificate; and if any practitioner shall neglect or refuse to make such return immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to and forfeitures are recoverable. Jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) boy

2. Race or Color, (if not of the white race)

3. Date of Birth. 15 November

4. Place of Birth, (Street and Number) 727 Central Av.

5. Full Name of Mother, Minna Grieb

6. Mother's Maiden Name. = Helbrich

7. Mother's Birthplace. Balt.

8. Full Name of Father, Joseph Grieb

9. Father's Occupation =

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return Anna Walter

Address, 928 N. Cent Av.

Remarks,

1896 0005473

Wm. J. C. Dulany Co., City Printers and Stationers.

230

RETURN OF A BIRTH. 78835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 of November
4. Place of Birth, (Street and Number) 409 Dallas str
5. Full Name of Mother, Mari Panuška
6. Mother's Maiden Name, Mari Sluka
7. Mother's Birthplace, Bohimen
8. Full Name of Father, Frank Panuška
9. Father's Occupation Tailor
10. Father's Birthplace, Bohimen

Name of Medical Attendant, or other person who makes this Return, Luise Šatora

Address, 1010 Durham str

Remarks,

8960005474

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife, if any, within five days after such birth. And the said schedule shall be delivered, duly signed by the practitioner or midwife, or a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth occurs where no physician or midwife is in attendance at a birth, the owner or occupier of the premises where it occurs, or the parent or parents of such child, if residing elsewhere, shall within ten days after the birth in the period above required, and in the manner above directed, report to the Commissioner of Health, in the same form, all the particulars required to be reported by the physician or midwife. And any such person who shall hereafter fail to report as herein required, or who shall make a false statement in any such report, or who shall violate any of the provisions of this section shall be subject to a penalty of not less than five (5) dollars nor more than ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male Herbert Romulus O'Conor
2. Race or Color, (if not of the white race) white
3. Date of Birth, 11 Nov. 1906
4. Place of Birth, (Street and Number) 1202 Homewood Ave.
5. Full Name of Mother, Mary O'Conor
6. Mother's Maiden Name, Mary Galvin
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, James O'Conor
9. Father's Occupation Hotel Manager
10. Father's Birthplace, Texas U.S.A.

Name of Medical Attendant, or other person who makes this Return, Wm. J. Smith M.D.

Address, 16 W. E. Eager St.

Remarks, Full name of child added by Archer W. Hemsappeg
for transcript 11 23 906 0 0 0 5 4 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the birth in the absence of the parents of such child, the parents shall make return of such birth within the period above required, and in default thereof shall severally forfeit and pay the sum of ten (10) dollars for each offence. And if any person or persons who shall hereafter be required to make return of births in accordance with the provisions of this section shall be neglected to the space of ten (10) days after the same shall become due, he, she or they shall forfeit and pay the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. 78837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 November 1896
4. Place of Birth, (Street and Number) 1628 Bosner str.
5. Full Name of Mother, Maria Zeman
6. Mother's Maiden Name, Maria Stupka
7. Mother's Birthplace, Bohimen
8. Full Name of Father, Jan Zeman
9. Father's Occupation Labor
10. Father's Birthplace, Bohimen

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address,

Remarks.

8960005476

been conferred by sex, color, the full name and occupation of its parents, the date and place of birth, and the full address of the mother, duly signed by the practitioner in the form of a certificate between the fifth and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and if any such child be delivered, duly signed by the practitioner in the form of a certificate between the fifth and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician, midwife, or nurse, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child, or the head of the family in which such child is born, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female).* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 Novembre
4. *Place of Birth, (Street and Number)* 1031 Centrale Av.
5. *Full Name of Mother,* Sophie Thenze
6. *Mother's Maiden Name,* — Muller
7. *Mother's Birthplace.* Balt.
8. *Full Name of Father.* Mathias Thenze
9. *Father's Occupation* —
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Cent Av.

Remarks,

1 8 9 6 0 0 0 5 4 7 7

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 24 November
4. Place of Birth, (Street and Number) 1609 Lisquith St.
5. Full Name of Mother, Emma Bauer
6. Mother's Maiden Name, Brunecca
7. Mother's Birthplace, Balt.
8. Full Name of Father, Thiego Bauer
9. Father's Occupation, C.
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 N. Ann St.

Remarks,

+ 6 9 6 0 0 0 5 4 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Coroner of midwifery, or the person or parents of such child shall cause a certificate of such birth, containing the same particulars as required in the case of births attended by a physician, to be made within the period above required, which shall be subscribed by such mother, unmedicated, in the manner and with the provisions of this section will be recoverable. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 78840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 of November
4. Place of Birth, (Street and Number) 1613 Baer [illegible] str. Basmor
5. Full Name of Mother, Mary Konrad
6. Mother's Maiden Name, Mary Vancura
7. Mother's Birthplace, Bohimen
8. Full Name of Father, Mayk Konrad
9. Father's Occupation Labor
10. Father's Birthplace, Bohimen

Name of Medical Attendant, or other person who makes this Return, Luise Svalava

Address, 1012 Durham str

Remarks,

1896 0005479

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, by the attendant to the Commissioner of Health. In case the birth is not attended by a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 78841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white (Raymond Blair Meagher)

3. Date of Birth, Nov 25. 1896.

4. Place of Birth, (Street and Number) 2416 N. Charles St.

5. Full Name of Mother, Francis G. Meagher

6. Mother's Maiden Name, Blair

7. Mother's Birthplace, Md.

8. Full Name of Father, Geo. N. Meagher

9. Father's Occupation Street Car conductor

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, G Lane Taneyhill

Address, 1103 Madison Ave

Remarks, Chloroform & instruments

18960005480

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 1906 Federal st.
4. Place of Birth, (Street and Number) 26 November
5. Full Name of Mother, Mary Summerlee Paules
6. Mother's Maiden Name, Mary Summerlee
7. Mother's Birthplace, Balt.
8. Full Name of Father, Jacob Paules
9. Father's Occupation
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 E Central Ave

Remarks,

18960005481

Wm. J. C. Dulany Co., City Printers and Stationers.

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case no child is born during any month, a report to that effect shall be made to the Commissioner of Health. In case of stillbirth no other person shall be in attendance upon the mother immediately after the birth of the child to report the birth, and the Commissioner of Health, in the manner and within the period above required, and shall secure without the attendance of a physician or practitioner other than the one in charge, a certificate from the person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 of November 1896
4. Place of Birth, (Street and Number) 906 Durham str.
5. Full Name of Mother, Magi Kral
6. Mother's Maiden Name, Magi Smrha
7. Mother's Birthplace, Bohimen
8. Full Name of Father, Jan Kral
9. Father's Occupation Biersalon
10. Father's Birthplace, Bohimen

Name of Medical Attendant, or other person who makes this Return. Luise Watora

Address, 1010 Durham

Remarks,

8 9 6 0 0 0 5 4 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 6. And be it further enacted, That the name and occupation of the parents, the date and place of birth, and the sex of each child born alive within the limits of Baltimore city shall be returned to the office of the Commissioner of Health, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter set forth, and the birth of each and every child shall occur within the space of ten days next after the birth of any child shall occur without the attendance upon the mother, immediately thereafter, of a practitioner of medicine, midwifery, or shall no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period hereinbefore set forth; and each person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

836.]

RETURN OF A BIRTH. 78844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Sarah Elizabeth Cunningham

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 5 1896
4. Place of Birth, (Street and Number) No. 1724 Lamont Ave.
5. Full Name of Mother, Elizabeth Cunningham
6. Mother's Maiden Name, Elizabeth Ruggles
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew J. Cunningham
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Eug. A. Elwell, M.D.

Address, 1741 Hanford Lane

Remarks,

1 8 9 6 0 0 0 5 4 8 3

been conferred.) The sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the form of certificate herein set forth, to the Registrar of Vital Statistics of the district in which the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, within ten days after the birth of such child, the mother of such child shall immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 12 96.

4. Place of Birth, (Street and Number) 1732 Brookland Ave.

5. Full Name of Mother, Eugenia S. Grimm

6. Mother's Maiden Name, Sisson

7. Mother's Birthplace, St. Louis, Mo.

8. Full Name of Father, Elbert

9. Father's Occupation Baltimore

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M. D.

Address, 1807 Madison Ave.

Remarks,

+ 5 9 6 0 0 0 5 4 8 4

third day of each and every month to the office of the Commissioner of Health, in the city of Baltimore, a certificate of the birth of any child which occur without the attendance of a physician or practitioner of medicine, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 78846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 12th '96
4. Place of Birth, (Street and Number) Balto University, Maternite
5. Full Name of Mother, Estelle Dorsch
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Va
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return Edw C Esslinger M.D.

Address, 1724 E Balto St.

Remarks,

1 8 9 6 U 0 0 5 4 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 78847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 19, 1896.
4. Place of Birth, (Street and Number) No. 223 Harford ave ext
5. Full Name of Mother, Agatha Leach
6. Mother's Maiden Name, Agatha Sigmund
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Leach
9. Father's Occupation Farmer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Rufus A. Elwell, M.D.

Address, 1241 Harford ave

Remarks,

5960005486

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of certificate herein set forth, to the Registrar of Vital Statistics of the City of Baltimore, or to such person as he may appoint for the purpose, within the first ten days of each and every month; and if any physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time above specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) white
3. Date of Birth, Apr. 20 '96.
4. Place of Birth, (Street and Number) Balto University Maternit
5. Full Name of Mother, Lallie Howell
6. Mother's Maiden Name, "
7. Mother's Birthplace, Va
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Edwd C. Easlinger M.D.

Address, 1724 E Balto St.

Remarks.

5960005487

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be served, only in the manner provided by the practice over in the trial of a certificate between the first and third day of each and every month to the Commissioner of Health, or to such officer as the Commissioner of Health may designate for the purpose, the birth of any child ... physician or practitioner of midwifery, or person acting as such, who shall neglect, refuse or omit to perform the duty of the person or persons required by this section to make such return, shall be subject to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

286.]

RETURN OF A BIRTH. 78849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 24, 1896
4. Place of Birth, (Street and Number) No. 1741 Hanford ave.
5. Full Name of Mother, Christine C. Elsewell
6. Mother's Maiden Name, Christine C. Remmell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Luc. C. Elsewell
9. Father's Occupation Physician
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, Luc. C. Elsewell M.D.

Address, 1741 Hanford ave

Remarks,

8960005488

Wm. J. C. Dulany Co., City Printers and Stationers.

Each certificate of birth shall state the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of each child of the mother, and shall be signed by the practitioner in the form of a certificate, if there was such a practitioner in attendance upon the mother, immediately after the birth of any child. Said schedule shall be delivered by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately after the birth of any child, it shall be the duty of the person or parents of such child, over whom there is no guardian, to report the birth of such child to the Registrar of Health, in the manner and within the time prescribed in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 22nd 1896.
4. Place of Birth, (Street and Number) 17 Bradley Ave.
5. Full Name of Mother, Ella C. Bailey
6. Mother's Maiden Name, Cole
7. Mother's Birthplace, Maryland
8. Full Name of Father, George A. J. Bailey
9. Father's Occupation, Shipping Contractor
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. B. Hartwell D.

Address, 815 Johnson Place

Remarks,

1896000054 89

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or person in charge of the office of the Registrar of Births, or shall be delivered at such office without the attendance of a physician or practitioner within the first ten days after the birth of any child to report its birth to the Registrar immediately thereafter, it shall become the duty of the father of such child, or in case the father be not living, or absent from the city, or should no other person be in attendance at the birth, then the mother of such child, or in case she be not able, then the person having charge of such child, to report the birth to the Registrar of Births, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-21-57

RETURN OF A BIRTH. 78857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Margaret ~~Willhauck~~ Wilhauck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) (female)
2. Race or Color, (if not of the white race) (white)
3. Date of Birth, 22nd Day of November 1895
4. Place of Birth, (Street and Number) 1638 N. Canary Alley
5. Full Name of Mother, Mattie E. Wilhauck
6. Mother's Maiden Name, Mattie J. Langston.
7. Mother's Birthplace, Hartford Co. Md.
8. Full Name of Father, Frederick Wilhauck
9. Father's Occupation Butcher.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dr. J. Shelton

Address, Dr. 731 Cumberland St

Remarks.

1 8 9 6 0 0 0 5 4 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, and every physician or other person having charge of or rendering medical assistance at any birth occurring in the City of Baltimore, shall cause the birth of each child to be registered in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall make return of the particulars required by the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. Said return shall be delivered, duly signed by the practitioner in the form of certificate hereon, at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the first ten days after the occurrence of the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge of such child, the midwife or person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of this section shall be immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col. 2-1-16
3. Date of Birth, Nov. 24
4. Place of Birth, (Street and Number) 1721 Saint St.
5. Full Name of Mother, Mary Zimmerman
6. Mother's Maiden Name, Mary Gamroschke
7. Mother's Birthplace, Lambsan Germany
8. Full Name of Father, Robert Zimmerman
9. Father's Occupation Foreman Paver Traction Co.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Jas. M. Whitney

Address, 731 Lemmon

Remarks,

8960005491

Every person who shall neglect or refuse to make the return of a birth as required by the provisions of this section, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth as required by the provisions of this section, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child? Francis Richard Hamer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 26th 1896
4. Place of Birth, (Street and Number) 1720 Mount St
5. Full Name of Mother, Laura Hamer
6. Mother's Maiden Name, Laura [illegible] Davis
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James H. Hamer
9. Father's Occupation Mattress maker
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, Mrs. [illegible]

Address, 731 [illegible]

Remarks,

8960005492

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 28 '96
4. Place of Birth, (Street and Number) Balto University Maternite
5. Full Name of Mother, Gertrude Cannan
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Ohio
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Edw C. Eslinger M.D.

Address, 1724 E. Balto. St.

Remarks,

1 8 9 6 0 0 0 5 4 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 78858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born the 28 November
4. Place of Birth, (Street and Number) 1620 Presbury st Baltimore MD
5. Full Name of Mother, Martha A Wirth
6. Mother's Maiden Name, Martha A Williams
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, William Martin Wirth
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return. Mrs. M. L. Shockley

Address, 731 Lemmon st

Remarks,

1896000549 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 29 1896.
4. Place of Birth, (Street and Number) No 1231 Belair ave (Easy L)
5. Full Name of Mother, Bertha Tyler
6. Mother's Maiden Name, Bertha Colton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Clarence A. Tyler
9. Father's Occupation Freight Agent
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Eug. A. Elwell, M.D

Address, 1341 Hartford ave

Remarks,

8960005495

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, November 29th 1896
4. Place of Birth, (Street and Number) 1420 N. Monroe St Baltimore Md
5. Full Name of Mother, Elizabeth E. Walters
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William Carter
9. Father's Occupation Laborer
10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return. Mrs Strocker

Address. 731 Lemmon St W.F.

Remarks.

8960005496

month, and shall set forth as far as the same can be ascertained the full name of each parent, the color, age and place of birth, and the usual occupation of its parents, the date and certificate between the first and second children), its sex, color, the full name given by the practitioner in the form of a certificate of birth, and the said schedule shall be delivered, duly filled out by the practitioner in the form of a certificate of birth. In case the birth of any child shall occur without the attendance of a physician or if a child become the duty of the person above required, and shall occur upon the mother, immediately upon the same, with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov 29 96.
4. Place of Birth, (Street and Number) Balto University Mat.
5. Full Name of Mother, Helen Smith
6. Mother's Maiden Name, " "
7. Mother's Birthplace, City
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Edw C Eastington M.D.

Address, 1724 E. Balto St.

Remarks,

6960005497

shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate as hereinafter set forth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance who shall sign a certificate as hereinafter set forth, then the parent or parents of such child shall immediately thereafter, and within the period above required, report its birth to the Commissioner of Health in the manner and with the information above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (~~State whether~~ male ~~or female~~)
2. Race or Color. (~~If not~~ of the white race)
3. Date of Birth. Nov. 30th, 1896.
4. Place of Birth. (Street and Number) 429 E. North Ave.
5. Full Name of Mother. Lecia Richards Weithampel Smith.
6. Mother's Maiden Name. Weithampel
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Wm. Francis Smith.
9. Father's Occupation Carpenter & Builder.
10. Father's Birthplace, Charlestown Kent Co. Md.

Name of Medical Attendant, or other person who makes this Return. Elias Price M.D.

Address. 1012 Madison Ave.

Remarks.

8960005498

Every day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, or if the person required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 78860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 30, 1896.
4. Place of Birth, (Street and Number) No. 1622 Harford Ave.
5. Full Name of Mother, Sarah A. Coleman
6. Mother's Maiden Name, Sarah A. Weber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Franklin P. Coleman
9. Father's Occupation Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Augs. A. Clewell, M.D.

Address, 1241 Harford Ave.

Remarks,

18960005499

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. Be it further ordained, That it shall be the duty of the physician or midwife, or other person in attendance upon the mother, immediately after the birth of any child which occurs without the attendance of a physician or midwife, or of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 4 1896
4. Place of Birth, (Street and Number) 123 N. High St
5. Full Name of Mother, Annie Feader
6. Mother's Maiden Name, Greeceley
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Feather
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 25 Lloyd St

Remarks,

1896 0005500

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 4 1896
4. Place of Birth, (Street and Number) 112 Abemarle St
5. Full Name of Mother, Bessie Gollet
6. Mother's Maiden Name, Bessie Goldman
7. Mother's Birthplace, Russia
8. Full Name of Father, Morries Gollet
9. Father's Occupation, Cutter
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finebers

Address, 25 Lloyd St

Remarks,

8960005501

third day of each and every month in the year, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, or in case no other person be in attendance upon the mother, immediate information thereof shall be given to the Commissioner of Health, and it shall become the duty of the person or persons in whose house or premises such birth shall occur, and of each person present at the birth, and of the parents of such child to report the same to the Commissioner of Health, in the manner and within the period above prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 12. 1896
4. Place of Birth, (Street and Number) 129 E. Lombard St
5. Full Name of Mother, Malley Strasburg
6. Mother's Maiden Name, Malley Blumberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Harris Strasburg
9. Father's Occupation, Plumber
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finsberg

Address, 25 Lloyd St

Remarks,

8960005502

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence or attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 7 1896
4. Place of Birth, (Street and Number) 204 Nor. Eden St
5. Full Name of Mother, Annie Burman
6. Mother's Maiden Name, A. Krevitsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Myer Burman
9. Father's Occupation, Store-keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finberg

Address, 25 Lloyd St

Remarks,

1 8 9 6 0 0 0 5 5 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the mother herself shall report the same within the time specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 29 th
4. Place of Birth, (Street and Number) 834 Woodward Le.
5. Full Name of Mother, Wilhelmina Stein
6. Mother's Maiden Name, " Hammerbacher
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm. L. Stein
9. Father's Occupation Cigar maker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, C. L. Buddenbohn

Address, 414 S. Paca St.

Remarks, 18960005504

been conferred) its sex, color, the full name and occupation of the parents, the number of children between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; or should no other person be in attendance within the time limited by thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 (Living 3)

1. Sex, (state whether male or female) Female Ida Fuchs
2. Race or Color, (if not of the white race)
3. Date of Birth, November 3rd 1896
4. Place of Birth, (Street and Number) 816 E. Pratt st
5. Full Name of Mother, Annie Fuchs
6. Mother's Maiden Name, Prentrich
7. Mother's Birthplace, Russia
8. Full Name of Father, Henry Fuchs
9. Father's Occupation Barber
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Midwife Tropp

Address, 9 N. Exeter st. Baltimore Md.

Remarks,

1896 0005505

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the householder, immediately thereafter. It shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall have failed to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) [redacted]
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 7 1896
4. Place of Birth, (Street and Number) 907 Ball Street
5. Full Name of Mother, Clara Manning
6. Mother's Maiden Name, " Healy
7. Mother's Birthplace, Balto
8. Full Name of Father, William Manning
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dobbin M.D.

Address, The Johns Hopkins Hospital

Remarks,

18960005506

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 78868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Viola E. Johnson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Born 12th day of Nov. 96
4. Place of Birth, (Street and Number) 1303 Upton St. Balto city
5. Full Name of Mother, Mary E. Johnson.
6. Mother's Maiden Name, Mary E. House
7. Mother's Birthplace, Virginia North Hampden Co.
8. Full Name of Father, James W. Johnson.
9. Father's Occupation Driver.
10. Father's Birthplace, Balto City Md.

Name of Medical Attendant, or other person who makes this Return, Sarah L. Wetts.

Address, 1617 Walbrook

Remark.,

1896 0005507

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is entitled to report the same, the midwife, immediately thereafter, it shall become the duty of the person above required, and in default of such midwife, the undertaker who shall be employed to bury the body of such child, to report its birth to the Commissioner of Health, in the manner required by the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance at the birth, then immediately thereafter it shall become the duty of the person or parents of such child, or other person having charge of the same, to report within the period above required, and otherwise comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) # 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Nov. 16th 1896
4. Place of Birth, (Street and Number) 111 S. Howard
5. Full Name of Mother, Margaret E. Wilmer
6. Mother's Maiden Name, " " Kelly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. H. Wilmer
9. Father's Occupation Laborer
10. Father's Birthplace, Penna

Name of Medical Attendant, or other person who makes this Return, Dr. Dunbar

Address, 1075 W. Fayette St.

Remarks, L. O. I. A. Hydrocephalic, talipes & anasarca and contraction of hands & feet, still born. Mother of above child 5508 Lombard

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 18th 1896
4. Place of Birth, (Street and Number) 309 E. Mt St.
5. Full Name of Mother, J. J. Roper
6. Mother's Maiden Name, J. V. Keene
7. Mother's Birthplace, Dorchester Co. Md.
8. Full Name of Father, William Roper
9. Father's Occupation Farmer
10. Father's Birthplace, Chesterfield Co. Va

Name of Medical Attendant, or other person who makes this Return, Wm. McDaniel M. D.

Address, The Johns Hopkins Hospital Balt.

Remarks,

1896 0005509

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* Nov. 25th 1896
4. *Place of Birth, (Street and Number)* 705 N. Durham St.
5. *Full Name of Mother,* Sarah Chase
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* — Illegitimate Child
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, Wm Dabney M.D

Address, John Hopkins Hospital Balt. Md

Remarks,

| 8 | 4 | 6 | 0 | 0 | 0 | 5 | 5 | 1 | 0 |

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, such mother shall herself make the return of the particulars required of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or mother, or the person in charge of such child, or the undertaker, or any other person who shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Nov. 26th 1896
4. Place of Birth, (Street and Number) 404 Bethel St.
5. Full Name of Mother, Georgiana Whitaker
6. Mother's Maiden Name,
7. Mother's Birthplace, Anne Arundel Co. Md.
8. Full Name of Father, Illegitimate Child
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mary Dabay M.D.

Address, Johns Hopkins Hospital. Balt. Md.

Remarks,

+ 8 9 6 0 0 0 5 5 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Nov. 26th 1896
4. *Place of Birth, (Street and Number)* 1225 N. James St.
5. *Full Name of Mother,* Susan Lewis
6. *Mother's Maiden Name,* Susan Harris
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles E. Lewis
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Richmond, Va

Name of Medical Attendant, or other person who makes this Return, Mr. McDaniel M. D.

Address, Johns Hopkins Hospital, Baltimore

Remarks,

B 4 6 0 0 0 5 5 1 2

shall keep a record of the births or practices of midwifery, or shall no other person be in attendance upon such mother, it shall become the duty of the person or midwife having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Colored Female
2. Race or Color, (if not of the white race)
3. Date of Birth, February 27th 1896
4. Place of Birth, (Street and Number) 2122 Division
5. Full Name of Mother, Margerina Richardson
6. Mother's Maiden Name, Washington
7. Mother's Birthplace, Lancaster Co Pa
8. Full Name of Father, Henry Richardson
9. Father's Occupation Porter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Frank E Def

Address, 1617 N. Calhoun

Remarks, 8960005513

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife, or other person who shall render medical assistance or perform the office of midwife in any case of birth, shall cause a return of such birth to be made to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, shall cause a return of such birth to be made to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such physician or person who shall neglect or refuse, or who in any manner shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8/19/70

RETURN OF A BIRTH. 78875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME OF CHILD — JOSEPH MICHEL

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) II

1. *Sex*, (*state whether male or female*) Male.
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Nov. 7th 1896
4. *Place of Birth*, (*Street and Number*) 1631 Lowerre St. City.
5. *Full Name of Mother*, Eva B. Michel
6. *Mother's Maiden Name*, Eva B. Peterpack
7. *Mother's Birthplace*, Balt.
8. *Full Name of Father*, Frederick Michel
9. *Father's Occupation* Horse Shoer
10. *Father's Birthplace*, Balt.

Name of Medical Attendant or other person who makes this Return, W. McDaniel M.D.

Address, Johns Hopkins Hospital Balt.

Remarks,

8960055 4

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon him, it shall become the duty of the person or parents of such child hereafter to notify the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 24th 1896
4. Place of Birth, (Street and Number) 1209 E. Chase St.
5. Full Name of Mother, Mary J. Yeuley
6. Mother's Maiden Name, Mary J. Weidmann
7. Mother's Birthplace, Balt.
8. Full Name of Father, Robert M. Yeuley
9. Father's Occupation Lineman
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Marsh Dabney M.D.

Address, Johns Hopkins Hospital Balt. Md.

Remarks,

1896 0005515

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) W.
3. Date of Birth, 30 Nov. 1896.
4. Place of Birth, (Street and Number) 1321 N. Gilmor St.
5. Full Name of Mother, Flora L. Witmer.
6. Mother's Maiden Name, Nagle.
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Stanley L. Witmer.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this return, E. L. Engle M. D.

Address, 1007 W. Lanvale St

Remarks,

8960005516

Wm. J. C. Dulany Co., City Printers and Stationers.

that day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Nov. 30th 1896
4. Place of Birth, (Street and Number) 612 N. Chapel St.
5. Full Name of Mother, Harriet Emily Trimble
6. Mother's Maiden Name, Harriet Emily Murray
7. Mother's Birthplace, Balt.
8. Full Name of Father, Henry S. Trimble
9. Father's Occupation, Cook - diner
10. Father's Birthplace, Flintstone Allegany Co. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. Delany M.D.

Address, John Hopkins Hospital Balt. Md.

Remarks, 8960005517

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of ... about the attendant immediately after the occurrence of midwifery, or the person or persons present at the birth, shall cause to be made out and signed a certificate of such birth, and shall deliver the same to the Commissioner of Health, or shall report its occurrence within ... days thereafter, in the manner and with the particulars required by the provisions of this section, shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 78879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 16. 96
4. Place of Birth, (Street and Number) Batte St Ext.
5. Full Name of Mother Mrs Mamie Hamill
6. Mother's Maiden Name, Mamie Hurley
7. Mother's Birthplace. Batte. Co.
8. Full Name of Father, Frank. Hamill
9. Father's Occupation. Farmer
10. Father's Birthplace. Batte. City

Name of Medical Attendant, or other person who makes this Return. L. H. Gundry M. D.

Address, # 731 Fred. Ave.

Remarks, Delay is due to the fact that I supposed the place of Birth 8 0 6 0 0 2 5 5 1 8

Any person without a certificate of a physician or practitioner of midwifery, or should no other person be in attendance within ten days after the birth of a child, the parent or parents of such child shall immediately thereafter, if able, cause the duty of the person or parents of such child to report its birth to the Commissioner of Health to be performed within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Nov 24 '96
4. *Place of Birth, (Street and Number)*	1822 N. Dallas St
5. *Full Name of Mother,*	Belle Jones
6. *Mother's Maiden Name,*	Juerss
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm Jones
9. *Father's Occupation*	Marble cutter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Wm J Watson
Address,	1601 N Broadway
Remarks,	

8960005519

Shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, 24 November 1896

4. Place of Birth, (Street and Number) 335 E. (Rear) Lee St.

5. Full Name of Mother, Ida Moore

6. Mother's Maiden Name, Ida Skinner

7. Mother's Birthplace, Maryland

8. Full Name of Father, Peter Moore

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Emma E. Fox Bon Secours

Address, Forest

Remarks.

8960005520

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the said physician or other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall herein fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), German
3. Date of Birth, November 3rd 1886
4. Place of Birth (Street and Number), S W Cor Park ave + Clay St
5. Full Name of Mother, Hannah Schoenwalsky
6. Mother's Maiden Name, Hannah Kroeger
7. Mother's Birthplace, Balti City
8. Full Name of Father, Felix B Schoenwalsky
9. Father's Occupation, Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. James Billingslea M.D.

Address, 15 W Saratoga St

Remarks,

B960005521

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents residing where such birth occurs, within ten days thereafter to report, in the manner and within the form required, the particulars of such birth to the Commissioner of Health, in the manner and within the form required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 78883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd & Livid

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov. 7th 1896
4. Place of Birth, (Street and Number) 112 S. Port St
5. Full Name of Mother, Ellen Tivo
6. Mother's Maiden Name, Ellen Monahan
7. Mother's Birthplace, Maryland
8. Full Name of Father, Pete Tillman Tivo
9. Father's Occupation Mariner
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Jane E Donnelly M.D.

Address, 701 East St East

Remarks,

8960005522

said rebuild shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of such birth, and attended to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person [illegible] and every such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and S

RETURN OF A BIRTH 78884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, November 8th 1896
4. Place of Birth (Street and Number), 1611 Riggs Ave
5. Full Name of Mother, Florence Belle Blanche
6. Mother's Maiden Name, Florence Belle Kolb
7. Mother's Birthplace, Balti City
8. Full Name of Father, Charles H Blanche
9. Father's Occupation, Mechanic
10. Father's Birthplace, Balti City

Name of Medical Attendant, or other person who makes this Return. James Billingslea M.D

Address, 15 W Saratoga St

Remarks,

B 960 05523

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately before the birth of the child, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, as required by this section, within ten days after the birth, and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 78885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 Aug.
4. *Place of Birth, (Street and Number)* 821 N. Caroline St
5. *Full Name of Mother,* Jennie Litchfield
6. *Mother's Maiden Name,* Rainford
7. *Mother's Birthplace,* Phila. Pa.
8. *Full Name of Father,* Wm. Litchfield
9. *Father's Occupation* Ice Driver
10. *Father's Birthplace,* Georgetown Md. D.C.

Name of Medical Attendant, or other person who makes this Return, Mrs R. Gilbig

Address, 1352 E Lexington St

Remarks,

1896 0005524

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report said birth to the Commissioner of Health, within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-16-54

RETURN OF A BIRTH. 78886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edgar Russell 7th Hooper

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 24. 1896
4. Place of Birth, (Street and Number) 2333 E. Biddle St.
5. Full Name of Mother, Jennie M. Hooper
6. Mother's Maiden Name, " " Robertson
7. Mother's Birthplace, Frederick Co., Md.
8. Full Name of Father, Samuel J. Hooper
9. Father's Occupation Machinist
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Caroline St

Remarks,

1896 00 05525

Every day of each and every month for the space of ten days next after the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the father or mother of such child, or in case of the absence or inability of both father and mother, the person having charge of such child, or in whose house such child was born, to report the birth to the Commissioner of Health, in the manner and within the period prescribed in this section; and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78887

GIVEN NAME ADDED 3-16-65

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William ~~Jerome~~ 3rd. Tabeling

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 26. 1896
4. Place of Birth, (Street and Number) 1430 E. Fairmount St.
5. Full Name of Mother, Ottilie Tabeling
6. Mother's Maiden Name, " Krupt
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Henry G. Tabeling
9. Father's Occupation Merchant-Tailor
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

8960005526

Wm. J. C. Dulany Co., City Printers and Stationers.

If any person shall neglect to report the birth of any child as required by this section, or shall report any false information relative thereto, or shall neglect to perform any other duty imposed upon him by this section, he shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than fifty dollars for each offense. If any person shall neglect for ten days after the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 28th 1896
4. Place of Birth, (Street and Number) 4. N. cor. Baltimore & Exeter sts
5. Full Name of Mother, Sarah Pinerman
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Moses Pinerman
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1896000 5527

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to file a certificate with the Registrar of Vital Statistics, or should no other person be in attendance of a physician or midwife, or other person who shall become the duty of the person or persons required, and shall neglect or refuse to make such return in the manner and within the time above required, and shall further report its birth to the Coroner, as hereinafter required, and comply with all the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Registrar of the District in which the same occurred, within ten days, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd W.

1. *Sex, (state whether male or female)* M.
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Nov. 16th 1896
4. *Place of Birth, (Street and Number)* 1423 W. Mulberry St.
5. *Full Name of Mother,* Lola Virginia Taylor
6. *Mother's Maiden Name,* Lola Virginia Sands
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Thomas Taylor
9. *Father's Occupation,* Hardware Salesman
10. *Father's Birthplace,* Salisbury Maryland

Name of Medical Attendant, or other person who makes this Return, John S. Fulton

Address, 6 W. Read St.

Remarks,

1896000528

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... Second

1. Sex, (state whether male or female)... Male
2. Race or Color, (if not of the white race)... White
3. Date of Birth... November 5th 1894
4. Place of Birth, (Street and Number)... 625 N. Mount St.
5. Full Name of Mother... Mildred Brannan
6. Mother's Maiden Name... Simmons
7. Mother's Birthplace... Washington D.C.
8. Full Name of Father... Edward Brannan
9. Father's Occupation... Sculptor.
10. Father's Birthplace... Connecticut

Name of Medical Attendant, or other person who makes this Return... John Scott M.D.

Address... 701 N. Carrollton Ave

Remarks... 1896 0005529

Any person who shall neglect or refuse without the attendance of a physician or practitioner of midwifery, or attendant no other person be in attendance, to report the birth of any child which shall become the duty of such person or parents of such child to report as aforesaid, within the period above required, shall forfeit and pay for every such neglect or refusal, in the manner and subject to the provisions of this section, the sum of ten dollars, which may be recovered as other fines and forfeitures are recoverable. Any such person who shall neglect or refuse to report its birth as aforesaid, in the manner and within the time required by this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-28-53

No. 78891

RETURN OF ~~A BIRTH~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Francis ~~Murry~~ Crist

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 14th 1896
4. *Place of Birth, (Street and Number)* 2136 Hollins St
5. *Full Name of Mother,* Eva Crist
6. *Mother's Maiden Name,* Martin
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo. Crist
9. *Father's Occupation* Draughtsman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, John Neff M.D.

Address, 701 N. Carrollton Av

Remarks,

1896000005530

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 1896

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 17th 1896
4. Place of Birth, (Street and Number) 1635 Harford avenue
5. Full Name of Mother, Annie Helen Kuebert
6. Mother's Maiden Name, Lirkins
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Ignatius Kuebert
9. Father's Occupation Paper Hanger
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Francis A. Sause M.D.

Address, 439 N. Central Ave

Remarks, 1896 0005531

Any Physician or Midwife in attendance at a birth, and any Undertaker or other person who shall perform the duties of undertaker or midwife, or the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Any Physician or Midwife in attendance at a birth, and any Undertaker or other person who shall perform the duties of undertaker or midwife, or the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 19th 1896
4. Place of Birth, (Street and Number) 941 N. Lombard St.
5. Full Name of Mother, Ella Bradburn
6. Mother's Maiden Name, Crooks
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Saml G. Bradburn
9. Father's Occupation, Moulder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John Foff M.D.

Address, 701 N. Carrollton Ave

Remarks,

1896000 5532

third day of each and every month to the office of the Commissioner of Health, a true and correct list of all births which shall occur within his district, and which shall have been reported to him during the preceding month; and shall report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health; and any midwife or physician or practitioner of midwifery, or should no other person be in attendance, then the father or mother of any child born in this city, who shall fail to report such birth as aforesaid, or shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, or who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 26th 1896

4. Place of Birth, (Street and Number) 14 E. Springs

5. Full Name of Mother, Pauline Luda

6. Mother's Maiden Name, Dirau

7. Mother's Birthplace, Germany

8. Full Name of Father, Kasimirus Luda

9. Father's Occupation Harness Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Francis A. Davis M.D.

Address, 139 N. Eutaw Ave.

Remarks,

1 8 9 6 0 0 0 5 5 3

fifth day of each and every month to the office of the Registrar of Vital Statistics. In case the death of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parties in attendance upon the mother, immediately after the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-23-65

RETURN OF A BIRTH. 78895

William Jacob Geller

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: William Jacob Geller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 2nd 1896
4. Place of Birth, (Street and Number) 510 Columbia Ave
5. Full Name of Mother, Ella M Geller
6. Mother's Maiden Name, Abercrombie
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm L. Geller
9. Father's Occupation Salesman
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, B. Schwatka M.D.

Address, 1003 N. Bway

Remarks,

+ 8 9 6 0 0 0 5 5 3 4

shall occur without the attendance of a physician, it shall become the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the time prescribed above in this section, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 Nov 1896
4. Place of Birth, (Street and Number) 8 Hanover St
5. Full Name of Mother, Ethel Goldberg
6. Mother's Maiden Name, Burkert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Sol Goldberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Brennan M.D.

Address, 1 Lombard St

Remarks,

8960005535

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person have been in attendance upon the mother, immediately thereafter, it shall be the duty of the parent of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such parent who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 1896
4. Place of Birth, (Street and Number) 29 Eager St
5. Full Name of Mother, Jennie Spirit
6. Mother's Maiden Name, Swartz
7. Mother's Birthplace, Russia
8. Full Name of Father, Hayman Spirit
9. Father's Occupation Tin Worker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, L. Sherman

Address, 12 Albemarle St

Remarks,

1896000 05536

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the nurse and within the period above required, and either parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the five of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 / 10 / 1886
4. Place of Birth, (Street and Number) 403 Bank St
5. Full Name of Mother, Maggie Hoetter
6. Mother's Maiden Name, Sauer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Hoetter
9. Father's Occupation Baker
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, L. Schuesman
Fairbanks

Address,

Remarks,

1 8 9 6 0 0 0 5 5 3 7

shall occur without the attendance of a physician or person acting as such, it shall be the duty of the person or parents of such child, or person in charge of the house in which the birth occurs, to report the particulars required, and attendance upon the birth, in the manner and within the period above required, and to comply with the provisions of this section as far as he is able. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine of not less than five dollars nor more than fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance within the time, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13th 1896
4. Place of Birth, (Street and Number) 420 Pratt Ave.
5. Full Name of Mother, Annie M. Mc Clusky
6. Mother's Maiden Name, Mary
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Mc Clusky
9. Father's Occupation Coachman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. Brush, M.D.

Address,

Remarks,

1 8 9 6 0 0 0 5 5 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 13th 1896
4. Place of Birth, (Street and Number) 1142 Valley St.
5. Full Name of Mother, Francis A. Rust
6. Mother's Maiden Name, Rust
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Rowland W. Rust
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. F. Crouch M.D.

Address,

Remarks,

1 8 9 6 0 0 0 5 5 3 9

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such attendance upon the mother, immediately thereafter, to give notice and within the period above required, and child to report its birth to the Commissioner of Health, and in case of failure to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall neglect or refuse

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RETURN OF A BIRTH. 78901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 Apr 1896
4. Place of Birth, (Street and Number) Granby 1002
5. Full Name of Mother, Sarah Blum
6. Mother's Maiden Name, Gerstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Wolf Blum
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. J. Sherman

Address. 42 Abermarle St.

Remarks.

+ 8960005540

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78 902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 Nov 85
4. Place of Birth, (Street and Number) 37 Wine, Elderly St
5. Full Name of Mother, Rachel Lernosky
6. Mother's Maiden Name, Dembowitch
7. Mother's Birthplace, Russia
8. Full Name of Father, Israel Lernosky
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Silberman

Address, 42 Albemarle St

Remarks,

8960005541

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female). Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 13 1896
4. Place of Birth, (Street and Number) 8 32 E Pratt St
5. Full Name of Mother, Elizabeth Greenblatt
6. Mother's Maiden Name, Unknown
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Greenblatt
9. Father's Occupation Cigar Packer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr Shapiro

Address, 421 Albemarle St

Remarks,

6960005542

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78 904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 Nov 1892
4. Place of Birth, (Street and Number) 118 E Harrison St
5. Full Name of Mother, Sarah Lebowitz
6. Mother's Maiden Name, Shumacher
7. Mother's Birthplace, Russia
8. Full Name of Father, Hyam Lebowitz
9. Father's Occupation, Hat-keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, G. Lowman

Address, 72 Aisquith St

Remarks,

8960005543

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar 14 1896
4. Place of Birth, (Street and Number) 712 E Lombard St
5. Full Name of Mother, Sophie Felsinn
6. Mother's Maiden Name, George
7. Mother's Birthplace, Iceland
8. Full Name of Father, Paul Theis
9. Father's Occupation Saloon keeper
10. Father's Birthplace, Iceland

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 49 Albemarle St

Remarks,

+ 8960005544

shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons required, and each of them, to give information thereof, within five days after the birth, to the Commissioner of Health, in the manner and with the forms above required, and any such person or persons who shall hereafter fail or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar 15 1896

4. Place of Birth, (Street and Number) 909 E. Fayette St

5. Full Name of Mother, Addie Seigel

6. Mother's Maiden Name, Lukowitz

7. Mother's Birthplace, Russia

8. Full Name of Father, Abram Seigel

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, G. Sherman

Address, 12 Albemarle St

Remarks,

8960005545

attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of each child to report its birth, in the manner and within the period aforesaid, to the Commissioner of Health, and hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 Oct 1896
4. Place of Birth, (Street and Number) 414 Bond St
5. Full Name of Mother, Celia Goldofsky
6. Mother's Maiden Name, Finik
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Goldofsky
9. Father's Occupation Butcher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, G. Herman

Address, 72 Aisquith

Remarks,

8960005546

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 Nov 1896
4. Place of Birth, (Street and Number) 42 Albemarle St
5. Full Name of Mother, Lena Baldert
6. Mother's Maiden Name, Israelp
7. Mother's Birthplace, Russia
8. Full Name of Father, Abram Baldert
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Albemarle St

Remarks,

+ 8 9 6 0 0 0 5 5 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 Nov 1896
4. Place of Birth, (Street and Number) 832 E. Baltimore
5. Full Name of Mother, Nellie Rizzo
6. Mother's Maiden Name, Verdacemsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Rizzo
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 922 Albemarle

Remarks,

8960005548

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, November 17
4. Place of Birth, (Street and Number) 257 Dolphin St
5. Full Name of Mother, Cornelia Ennis
6. Mother's Maiden Name, Cornelia Emma Johnson
7. Mother's Birthplace, A A County
8. Full Name of Father, Adolphus Ennis
9. Father's Occupation Waiter
10. Father's Birthplace, A A County

Name of Medical Attendant, or other person who makes this Return, Chester Catanese

Address, 608 W. Preston St

Remarks, none

1 8 9 6 0 0 0 5 5 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 9 1896
4. Place of Birth, (Street and Number) 12 Leigh st
5. Full Name of Mother, Minnie Berman
6. Mother's Maiden Name, Goldman
7. Mother's Birthplace, Russia
8. Full Name of Father, Max Berman
9. Father's Occupation Trunk maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, L. Sherman

Address, 42 Albemarle st

Remarks,

1896 0005550

Any person who shall wilfully refuse or neglect to make return of a birth, or to obtain a certificate of birth, as required by this ordinance, or who shall make any false return of a birth, or who shall wilfully refuse or neglect to furnish any information required by this ordinance, or who shall wilfully make any false statement in relation to any matter required to be reported by this ordinance, or who shall wilfully refuse or neglect to comply with any of the provisions of this ordinance, shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 20 1896
4. Place of Birth, (Street and Number) 133 Harrison St
5. Full Name of Mother, Golda Goodelsky
6. Mother's Maiden Name, Patitsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Goodelsky
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, G. Rebenman

Address, 42 Albemarle St

Remarks,

+ 8960005551

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Whoever without the influence of a physician or midwife, or should no other person be in attendance upon the birth, the householder in whose house or premises it occurs, shall within the period above required, and in the manner and with the information above required, give notice and information of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78913

GIVEN NAME ADDED

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elmer Thomas Lamb	
No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 21st 1896
4. Place of Birth, (Street and Number)	# 653 Clement st
5. Full Name of Mother,	Lilly J. Lamb
6. Mother's Maiden Name,	Price
7. Mother's Birthplace,	Va
8. Full Name of Father,	Jos J. Lamb
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Hanover st
Remarks,	8960005552

shall occur without the attendance of a Physician or Midwife, it shall become the duty of the person or parents of such child to report the facts to the Commissioner of Health. In the manner and within the time prescribed in this section shall be subject to the penalties of this section. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 Nov 1856
4. Place of Birth, (Street and Number) E. Pratt St 834
5. Full Name of Mother, Gld Grossman
6. Mother's Maiden Name, Grossman
7. Mother's Birthplace, Russia
8. Full Name of Father. Joseph Grossman
9. Father's Occupation Store keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Sherman

Address. 42 Albemarle St

Remarks.

8960005553

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 22, 1880
4. Place of Birth, (Street and Number) 92 b Harrison st
5. Full Name of Mother, Lizzie Shiff
6. Mother's Maiden Name, Whitelaw
7. Mother's Birthplace, Russia
8. Full Name of Father, Harris Shiff
9. Father's Occupation, Painter
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Shipman

Address, 82 Albemarle st

Remarks,

+ 8960005554

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov the 24, 18 97.
4. Place of Birth, (Street and Number) 910 Hurhan St.
5. Full Name of Mother, Marie Eleder
6. Mother's Maiden Name, Bohemaine
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Eleder
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Hofstat

Address, 205 N Washington St.

Remarks,

18960005555

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the Registrar of Vital Statistics, or should no other person be in attendance at the time of the birth, then the physician or midwife, or should no other person be in attendance upon the mother, then the father of such child, or in case the father be dead, absent or unable to act, then the mother, or the person who shall occupy the premises where the birth occurs, shall within the period above required, and shall occur without the limits of the city, then the person who shall first have knowledge of such birth, shall immediately give notice thereof to the Board of Health, in the manner and subject to the penalties provided in the provisions of this section. And it shall be the duty of the Commissioners of Health, in the manner and subject to the penalties provided in the provisions of this section, to require the attendance upon the Board of Health of any person who shall fail to comply with the provisions of this section, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately before and after the birth, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 Nov 1856
4. Place of Birth, (Street and Number) 247 Eager Ave
5. Full Name of Mother, Rachel Sirkis
6. Mother's Maiden Name, Glass
7. Mother's Birthplace, Russia
8. Full Name of Father, Jos Sirkis
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, L Sherman

Address, 42 Albemarle St

Remarks,

1 8 9 6 0 0 0 5 5 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78918

GIVEN NAME ADDED 11-18-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edna Rebecca Jacobson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 Nov 1896
4. Place of Birth, (Street and Number) 256 Lexington St
5. Full Name of Mother, Lafrica Jacobson
6. Mother's Maiden Name, Shere
7. Mother's Birthplace, Russia
8. Full Name of Father, Herman Jacobson
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E Chapman

Address, 42 Albemarle

Remarks.

8960005557

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24 ~~Oct~~ Oct 1896

4. Place of Birth, (Street and Number) 106 Market Place

5. Full Name of Mother, Ellen Cosby

6. Mother's Maiden Name, Berkut

7. Mother's Birthplace, Eng England

8. Full Name of Father, Emanuel Cosby

9. Father's Occupation Labor

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, G. Thurnian
H A Stewart

Address.

Remarks,

1896 0005558

Wm. J. C. Dulany Co., City Printers and Stationers.

Failure without reasonable excuse, to make a return of a birth as required by this section, shall be a misdemeanor, and the duty of the person or parents of such child to report such birth to the Commissioner of Health, as herein required, shall be immediately thereafter, in like manner and within the period above specified, performed by the physician, midwife or other person in attendance upon such birth; and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 25th. 96.

4. Place of Birth, (Street and Number) Edmondson Ave, Extended

5. Full Name of Mother, Maggie Pfeiffer

6. Mother's Maiden Name, Maggie Mullen

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, Wm. J. Pfeiffer

9. Father's Occupation, Merchant

10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return. Henry C. Ohlee, M.D.

Address, 1203 N. Fayette St.

Remarks,

18960005559

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-28-59

RETURN OF A BIRTH. 78 921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rose Goldsmith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 Nov 1896
4. Place of Birth, (Street and Number) 253 Eden St
5. Full Name of Mother, Lena Goldsmith
6. Mother's Maiden Name, Spreckleunder
7. Mother's Birthplace, Russia
8. Full Name of Father, Leopold Goldsmith
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, L. Sherman

Address, 72 Albemarle St

Remarks,

1 8960005560

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 Nov 1896
4. Place of Birth, (Street and Number) 1354 Granby St
5. Full Name of Mother, Esther Rosman
6. Mother's Maiden Name, Jan Lukowitch
7. Mother's Birthplace, Russia
8. Full Name of Father, Hyman Rosman
9. Father's Occupation Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. G. Glassman

Address, 1242 Albemarle St

Remarks.

8960005561

shall occur without the attendance of a physician or practitioner as in cases of ... within ten days after birth, it shall become the duty of the person or parents of such child to report it to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 78923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male Sidney Book
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 Oct 1896.
4. Place of Birth, (Street and Number) 31 Gough St.
5. Full Name of Mother, Minnie Book
6. Mother's Maiden Name, " Ruben
7. Mother's Birthplace, Russia
8. Full Name of Father, Lake Book ~~Ruben~~
9. Father's Occupation Coat maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr Thurman

Address, 32 Albemarle St.

Remarks,

1 8960005562

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the time prescribed in the section above, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth. 30 November
4. Place of Birth, (Street and Number) 1829 Eagle St.
5. Full Name of Mother, Linna Hoffmann
6. Mother's Maiden Name, Galm
7. Mother's Birthplace, Obersheidenthal Germany
8. Full Name of Father, Karl Friedrich Hoffmann
9. Father's Occupation Peddler
10. Father's Birthplace, Obersheidenthal G.

Name of Medical Attendant, or other person who makes this Return. Anna Beuchelt

Address, 1914 W Baltimore.

Remarks,

8960005563

shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present to report such birth to the Commissioners hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner as in case of sickness, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother and child to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person who shall neglect or fail to report as in case of sickness, or who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine or lien (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 15th 1876.
4. Place of Birth, (Street and Number) 210 N Mount st.
5. Full Name of Mother, Cecelia Cookshaw.
6. Mother's Maiden Name, Cecelia Coker.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, Edwards L Cookshaw.
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return, John A Pennington M.D.

Address. 1716 Division Ave

Remarks,

1 8 9 6 0 0 0 5 5 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 18 1896
4. Place of Birth, (Street and Number) 1133 Little Macelderry st
5. Full Name of Mother, Lena Grossman
6. Mother's Maiden Name, Lena Teichtman
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Grossman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, R. Finberg

Address, 23 Lloyd St

Remarks,

1896 00055605

shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and in case of neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-10-56

RETURN OF A BIRTH. 78927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jeannette Ruth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 28 1896
4. Place of Birth, (Street and Number) 210 E. Carolina St
5. Full Name of Mother, Annie Lippman
6. Mother's Maiden Name, Annie Legge
7. Mother's Birthplace, Russia
8. Full Name of Father, Sapin Lippman
9. Father's Occupation Cigar maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finneburg

Address, 25 S Lloyd St

Remarks,

8960005566

shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health within the time and in the manner and within the period above specified, and attendance upon the child by the Commissioner of Health shall be subject to the same penalties for failure to comply with the provisions of this section as if he had been in attendance at the birth; and any person or persons who shall have charge of such child to report it as herein required, and fail to do so, shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3d

1. Sex, (*state whether male or female*) male
2. Race or Color, (*if not of the white race*) White
3. Date of Birth, Nov. 14 1896
4. Place of Birth, (*Street and Number*) 28 Frederick Ave Cit.
5. Full Name of Mother, Mary Florence Clark
6. Mother's Maiden Name, Mary Florence Ware
7. Mother's Birthplace, Virginia
8. Full Name of Father, Edward B Clark
9. Father's Occupation, Paint Instructor
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return, J D Mullins M D

Address, Frederick Ave Augusta Ave

Remarks,

+ 8960005567

shall occur without the attendance of a physician, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above named, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 1st 1896.

4. Place of Birth, (Street and Number) 724 N Monroe St.

5. Full Name of Mother, Sallie Silverman

6. Mother's Maiden Name, Neuman

7. Mother's Birthplace, Hungary

8. Full Name of Father, Joseph L Silverman

9. Father's Occupation Salesman

10. Father's Birthplace, Hungary

Name of Medical Attendant, or other person who makes this Return, S H Eichhorn M.D.

Address, 1501 E Eager St

Remarks,

18960205568

shall neglect to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 1 1896

4. Place of Birth, (Street and Number) 129 S Edgar

5. Full Name of Mother, Rachel Orlando

6. Mother's Maiden Name, Entina

7. Mother's Birthplace, Italy

8. Full Name of Father, Joseph Orlando

9. Father's Occupation, Fruit Artist

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, W. J. Evans

Address, 201 Chas & Fayette St

Remarks, 18960005569

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or persons required, and who have charge of such child to report its birth to the Commissioner of Health, in the manner and within the time in this section above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 22 1896
4. Place of Birth, (Street and Number) 1412 North Mount
5. Full Name of Mother, Alice Wyle
6. Mother's Maiden Name, Alice Selby
7. Mother's Birthplace, St. Marys Maryland
8. Full Name of Father, Isaac P. Wyle
9. Father's Occupation, Telegrapher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. J. Evans

Address, Cor Eden & Fayette St.

Remarks, 1 8 9 6 0 0 0 5 5 7 0

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 24th 1886.
4. Place of Birth, (Street and Number) 954 N Gay St
5. Full Name of Mother, Minnie E Bittle
6. Mother's Maiden Name, Schamel
7. Mother's Birthplace, Md
8. Full Name of Father, Erastus W Bittle
9. Father's Occupation Mechanic
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S. D. Eldner M.D.
Address, 1301 E Eager St
Remarks,

8960005571

shall not be a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the father of such child, or in case he be dead or absent, the mother shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the father of such child, or in case he be dead or absent, the mother shall likely thereafter it shall become the duty of the person who shall be in attendance upon the mother as aforesaid within the period above required, and shall report the birth to the Commissioner of Health, in the manner and with the particulars required by the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

78933

RETURN OF A BIRTH. 789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 25th 1896
4. Place of Birth, (Street and Number) 532 S Paca St
5. Full Name of Mother, Bessie M. Whitaker
6. Mother's Maiden Name, Berger
7. Mother's Birthplace, Balto
8. Full Name of Father, Eugene C Whitaker
9. Father's Occupation Dentist
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S. T. Bledsoe M. D.

Address, 1301 E. Eager St

Remarks,

18960005572

Wm. J. C. Dul[illegible] Co., City Printers and Stationers.

OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C.

78936

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) 4

1. Sex, (state whether male ~~or female~~) White
2. Race or Color, (if not of the white race)
3. Date of Birth, November 19th 1897
4. Place of Birth, (Street and Number) 1108 Orleans st
5. Full Name of Mother, Annie Link
6. Mother's Maiden Name, Annie Fleagle
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Henry Link
9. Father's Occupation Merchant Taylor
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, A. V. Zimmerman (nee Fleagle)

Address, 1108 Orleans st

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960005573

RETURN OF A BIRTH. 78935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 21, 1896
4. Place of Birth, (Street and Number) 418 ~~4~~ 6 Cross St.
5. Full Name of Mother, Mary Lewis
6. Mother's Maiden Name, Lacky Cawley
7. Mother's Birthplace, Balt
8. Full Name of Father, John Lewis
9. Father's Occupation moulder
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Dr. R. Cawley

Address, 213 E. Lee St.

1 8 9 6 0 0 0 5 5 7 4

Remarks, Living Well

J. C. Dulany Co., City Printers and Stationers.

...month, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, which shall contain a list of the births which have occurred in the several districts of the City during the month preceding the date of the return next ensuing; which said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the ... been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the ... third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required. ... attendant within the meaning of this section, or in default thereof, the owner or occupier of the house in which ... child to report its birth to the Commissioner of Health, in the manner and within the period above required. ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be ... subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 78936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 78936 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 day of November 1896
4. Place of Birth, (Street and Number) 237 President St
5. Full Name of Mother, Lisabetta Di Blasio
6. Mother's Maiden Name, L. Di Blasio
7. Mother's Birthplace, St. Manes Italy
8. Full Name of Father, Pasquale Di Blasio
9. Father's Occupation, Labor
10. Father's Birthplace, St. Manco Italy

Name of Medical Attendant, or other person who makes this Return, Palma Jannarelli

Address, 923 Eastern Ave.

Remarks, Maria Teresa Di Blasio

+ 6 9 6 0 0 0 5 5 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in charge, to the state and place of birth and the name of each and every month to the office of the Commissioner of Health, a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person required by attendance upon the mother at such birth, then the person in charge of the house in which such birth shall occur shall become the duty of the person or persons required above to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 26, 1911
4. *Place of Birth, (Street and Number)* 1531 Retreat St. Clifton
5. *Full Name of Mother,* Kate Crook
6. *Mother's Maiden Name,* Kate Dorsinger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Crook
9. *Father's Occupation* Livery business
10. *Father's Birthplace,* Prince George Co Md

Name of Medical Attendant, or other person who makes this Return.

Address, 731 [illegible] St

Remarks,

8 9 6 0 0 0 5 5 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attendant at the delivery, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, midwife or nurse, then it shall become the duty of the person in charge of the house in which the birth occurs, or if there be no person in charge of such house, then the duty of the person having the next highest degree of relationship to the mother present at the birth, or the duty of any such person who may be present at the birth, to report the birth to the Commissioner of Health, in the manner and within the period above required, and failure to report a birth, as herein required, shall subject the person or persons failing to report to a penalty of not less than five (5) dollars nor more than ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Nov 30 '96
4. Place of Birth, (Street and Number) 15 S Rhoades
5. Full Name of Mother, Mrs. Susana C Lubbinsus
6. Mother's Maiden Name, " " Cooper
7. Mother's Birthplace, Washington D C
8. Full Name of Father, Francis J. Lubbinsus
9. Father's Occupation Tinner & Plumber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, T Chew Worthington

Address, 840 W. Fayette

Remarks.

8960005577

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be filled out, fully signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, the mother herself shall be required, and shall report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ~~[illegible]~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov 1/96
4. Place of Birth, (Street and Number) 525 N. Edmondson Ave
5. Full Name of Mother, Emma C. Wright
6. Mother's Maiden Name, Watson
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wallis Wright
9. Father's Occupation Cleik
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Preston St

Remarks,

(Section 7, Chapter 1, Ordinances of 1898.) Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the attendant, in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practioner of midwifery, or of any other person or parents of such child or person or persons who shall have been in attendance upon such birth to the Commissioner of Health, it shall become and within the period above required, and it shall be the duty of the said Commissioner of Health to comply with the provisions of this section, or in default thereof, such person or persons who shall have been in attendance upon such birth, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960005578

GIVEN NAME ADDED 4-16-56

RETURN OF A BIRTH. 78940

CERTIFICATE AMENDED - 6/1/68

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Wright

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st - Diggs

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 6/96
4. Place of Birth, (Street and Number) 1319 N. Eden St -
5. Full Name of Mother, ~~Isabel P. Diggs~~ Isabel P.
6. Mother's Maiden Name, Wright
7. Mother's Birthplace, Balto Co
8. Full Name of Father, ~~Henry C. Diggs~~ Henry K.
9. Father's Occupation clk
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, Dr. E. P. Billingslea

Address, 1206 E. Pratt St

Remarks,

8760605579

Wm. J. C. Dulany Co., City Printers and Stationers.

The schedule shall contain a list of the births which have occurred in the City during the month, and shall set forth as to each such birth the full name of each child if any shall have been conferred; its sex, color, and the full name of each parent, the date and place of birth, the said schedule shall be delivered, duly signed by the occupation of its parents, the date and place of birth; and the attendance upon the mother at the birth, with the address of each, and the post office address of each parent. The said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person of such attendance within the time aforesaid, a like schedule shall be delivered, duly signed by the third day of each and every month to the office of the Commissioner of Health, certificate between the first and attendance without the attendance of a physician or practioner of midwifery, or should no other person of such child to report its birth to the Commissioner of Health, it shall become the duty of the person or persons of such any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 19/96

4. Place of Birth, (Street and Number) 1042 N. Gay St

5. Full Name of Mother, Nora Carey Blizer

6. Mother's Maiden Name, Balto Md

7. Mother's Birthplace, Va Carey

8. Full Name of Father, wagon driver

9. Father's Occupation Carroll Co

10. Father's Birthplace, Dr. A. B. Billingslea

Name of Medical Attendant, or other person who makes this Return, 1206 E. Baltimore

Address,

Remarks,

1 8 9 6 U 0 0 5 5 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as near as may be the full name and occupation of its parents, the date and place of birth, and the sex, color, and number of such child (whether it be the first and only child, or twin, or triplet, or other one of a plurality of children born at one birth, and if twin, or triplet, or other one of a plurality of children born at one birth, the order in which it was born, as nearly as may be), which said schedule shall be delivered every month to the office of the Registrar of Health, or should no other person be in attendance, the physician or midwife in attendance shall report the birth of such child to the Registrar of Health within ten days after the birth of such child, and if there be no physician or midwife in attendance upon the mother, the householder or Health, in the manner and form provided in this section shall report the birth of such child to the Registrar of Health within ten days after the birth of such child, and if there be no physician or midwife in attendance upon the mother, householder or other person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can ... the date and place of
been conferred) its sex, color, the full name and occupation of its parents, the date and place of ... between the first and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eva Anna Conrad

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 2/96
4. *Place of Birth, (Street and Number)* 1537 W. Lombard
5. *Full Name of Mother,* Lollie Conrad
6. *Mother's Maiden Name,* Anderson
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,* John Conrad
9. *Father's Occupation* Shirt Cutter
10. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other person who makes this Return, Dr. B. Billingslea

Address, 1206 E Eager St

Remarks, GIVEN NAME ADDED 3-11-53

076000005581

Wm. J. C. Dulany Co., City Printers and Stationers.

A78945

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Pt. 1 Young

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Brown Male

3. *Date of Birth,* Feb 15 18 91

4. *Place of Birth, (Street and Number)* Light St 942

5. *Full Name of Mother,* Pt. Hannah Young

6. *Mother's Maiden Name,* Pt. Th. Hoola

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Henry Young

9. *Father's Occupation* Carpenter

10. *Father's Birthplace,* Carolina Co. S.C.

Name of Medical Attendant, or other person who makes this Return, Maria Fowlkes

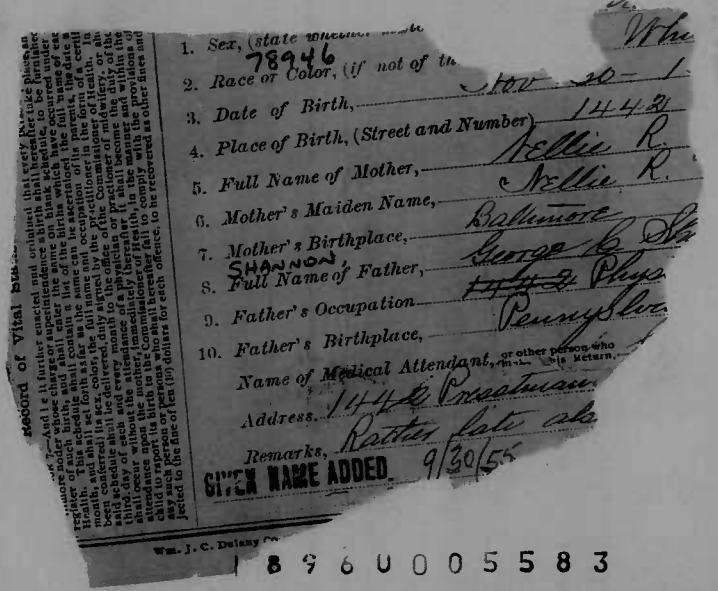
Address, 1920 Linden Ave

Remarks, Informant Old.

8960005582

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall state as to each child the full name of such child, (if any,) its sex, color, the full name and residence of the parents, the date and place of birth, and the full name and residence of the physician or practitioner in the form of a certificate. In case the birth of any child shall occur without the attendance of a physician or practitioner, the midwife or nurse in charge shall make out such certificate, and shall be required, under the penalties hereinafter provided, to comply with the provisions of this section. Every such schedule shall be delivered, duly signed, at the office of the Commissioner of Health (or such other person as he may designate to receive the same), on or before the third day of each and every month; and should no other person of such district become the duty of the person above required, and



Record of Vital Sta...

78946

1. Sex, (state whether ... Wh...
2. Race or Color, (if not of th... Mor 10-1
3. Date of Birth, ...
4. Place of Birth, (Street and Number) 1442
5. Full Name of Mother, Nellie R.
6. Mother's Maiden Name, Nellie R.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, SHANNON George E. Sh...
9. Father's Occupation ~~Hotel~~ Phys...
10. Father's Birthplace, Pennsylva...

Name of Medical Attendant, or other person who signs this return.

Address. 1442 Presstman

Remarks, Rather late ab...

GIVEN NAME ADDED 9/30/55

...ection 7—And it is further enacted and ordained that every Register shall make an ...ecord of each birth which shall hereafter occur within his district, which shall be furnished ...mother of such child, or in case of her death or inability, by the father, or in case of ...ther's death, and shall contain a list of the Births registered the full name and date a ...Register shall give a certificate of such registry to the person reporting the same. ...This schedule shall be as far as the same can conveniently be filled up, in the form of a certifi...Health, and shall be sent, when filled up by the Practitioner, Midwife, or other person ...Health, and shall be sent, when filled up by the Practitioner, Midwife, or other person ...been collected, duly filled up, to the office of the Commissioner of Health. It ...said day of each and every month, whether or not any births shall have occurred during ...shall occur without the attendance of a physician or midwife, it shall become and within the ...attendance upon its birth to the Commissioner of Health, in the manner and within the ...child to report its birth to the Commissioner of Health, in the manner and within the ...as aforesaid. Any person or persons who shall hereafter fail to report as other births are ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines are ...

Wm. J. C. Dulany Co.

1896 0005583

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. A79007

CERTIFICATE OF LIVE BIRTH

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ____ In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. 30 S Carrolton Ave (If rural give location)

3. Full name of child Jessie Portner

4. Date of birth December 5, 1896 (Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ____ If so—born 1st, 2d, or 3rd ____ | 7. Number weeks of pregnancy ____ | 8. Hour of birth ____ M.

FATHER OF CHILD

9. Full Name Richard A Portner
10. Color or race White 11. Age at time of this birth ____ yrs.
12. Birthplace Maryland (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD

15. Full Maiden Name Theresa A Small
16. Color or race White 17. Age at time of this birth ____ yrs.
18. Birthplace Maryland (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business
22. Mother's mailing address for registration notice: 30 S Carrolton Ave.

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ____, related to this child as ____.

(Signed) Joseph C Wunder M. D.
Physician (or midwife) who attended this birth
or Robt E Foulkes MD
Commissioner of Health and Registrar

24. Date rec'd by local registrar December 16, 1896

25. Signed Dr. James F McShane
Registrar

26. Given name added 2-18-71 by Registrar per S.C.N. 8 4 6

Address 0 5 5 8 4

February 17, 1971
Date

VS 100

No information appears on the original filing for information not appearing on this certificate.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A79190

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 1732 Hanover St.
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL)
(d) Street No. ..... (If rural give location)

3. Full name of child: Edna Ethel Londenslager

4. Date of birth: December 8 1896 (Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ..... | If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name: Thomas Londenslager
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace: Maryland (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name: Mary Whittington
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace: Maryland (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 7
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Mother's mailing address for registration notice: .....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar: December 23 XX 1896

(Signed) Eliza Brooks XXXX
Physician (or midwife) who attended this birth (Midwife)

25. Signed: Dr. James F. McShane
Registrar

or Walter E. Fowler, M.D.
Commissioner of Health and Registrar

26. Given name added ..... by Registrar per V.

Address 0 0 0 5 5 8 5

Date SEP 6 1933

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-79222

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: North Avenue (The Hermitage)
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. .....
(If rural give location)

3. Full name of child Johns Janney Hoffman

4. Date of birth Dec. 11, 1896
(Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3rd .....

7. Number weeks of pregnancy .....

8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name William Gilmor Hoffman Jr.
10. Color or race White 11. Age at time of this birth ..... yrs.
12. Birthplace Baltimore, Md.
(City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Carolyn Symington Janney
16. Color or race White 17. Age at time of this birth ..... yrs.
18. Birthplace Harford County, Md.
(City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:
deceased

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar December 19 ox1896

25. Signed Dr. James F. McShane
Registrar

26. Given name added ..... by Registrar per ..... 8 y

(Signed) ..... M. D.
Physician (or midwife) who attended this birth (Midwife)
or Robert E. Farber M.D.
Commissioner of Health and Registrar

Address ..... Date

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-79339

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 2161 Calverton Road
(b) Mother's stay before delivery: In hospital or institution Home (Specify whether months or days) In Baltimore Yes

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. 2161 Calverton Road (If rural give location)

3. Full name of child BERTHA CATHERINE BEUCHELT

4. Date of birth December 11, 1896 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet

If so—born 1st, 2d, or 3rd 1st

7. Number weeks of pregnancy

8. Hour of birth M.

FATHER OF CHILD

9. Full Name Arthur Beuchelt
10. Color or race White 11. Age at time of this birth yrs.
12. Birthplace Leipsig, Germany (City, town, or county) (State or foreign country)
13. Usual occupation Stone Cutter
14. Industry or business

MOTHER OF CHILD

15. Full Maiden Name Helen Dunn
16. Color or race White 17. Age at time of this birth yrs.
18. Birthplace Baltimore, Maryland (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 2
(c) How many children were born dead? 0

22. Mother's mailing address for registration notices:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by , related to this child as Self

24. Date rec'd by local registrar December 9 1896

25. Signed Dr. James F. McShane Registrar

26. Given name added by Registrar per

(Signed) Sidney McWorton M. D.
Physician (or midwife) who attended this birth (Midwife)
or
Address State Registrar of Vital Records

1896 0 5 5 8 7

VS 100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-79416

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 1137 Scott Street-Baltimore, Md.
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town City
(If outside city or town limits, write RURAL)
(d) Street No. 1137 Scott Street
(If rural give location)

3. Full name of child Elmer Thomas Gayhardt

4. Date of birth December 22, 1896
(Month) (Day) (Year)

5. Sex:	6. Twin or triplet	If so—born 1st, 2d, or 3rd	7. Number weeks of pregnancy	8. Hour of birth
Male				M.

FATHER OF CHILD

9. Full Name Joseph R. Gayhardt
10. Color or race White 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Annie E. Imhoff
16. Color or race White 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 6
(b) How many other children were born alive but are now dead? 8
(c) How many children were born dead? None

22. Mother's mailing address for registration notice: .....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar December XX 189[illegible] (Signed) ..... M. D.
Physician (or midwife) who attended this birth (Midwife)

25. Signed Dr. James F. McShane
Registrar

Official Title of Registrar

26. Given name added ..... by Registrar on ..... Registrar of Vital Records

VS 100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-79559

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 315 S. Ann Street
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 315 S. Ann Street
(If rural give location)

3. Full name of child Annette Maria Lawson

4. Date of birth Dec. 21, 1896
(Month) (Day) (Year)

5. Sex Female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Henry Joseph Lawson
10. Color or race White 11. Age at time of this birth 28 yrs.
12. Birthplace Baltimore, Md.
(City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Annie Riedel
16. Color or race White 17. Age at time of this birth ..... yrs.
18. Birthplace Baltimore, Md.
(City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Mother's mailing address for registration notice: .....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar December XX 1896

25. Signed Dr. James F. McShane
Registrar

26. Given name added ..... by Registrar per 6 U 0 0 5 5 8 9

(Signed) ..... M. D.
Physician (or midwife) who attended this birth (Midwife)
or Robert E. Farley M.D.
Commissioner of Health and Registrar

Address .....

VS 100

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL)
(d) Street No. 108 Market Space
(If rural give location)

3. Full name of child

4. Date of birth December 16, 1896
(Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet | If so—born 1st, 2d, or 3rd | 7. Number weeks of pregnancy | 8. Hour of birth M.

FATHER OF CHILD

9. Full Name Isach Livingstine
10. Color or race White 11. Age at time of this birth yrs.
12. Birthplace Russia
(City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD

15. Full Maiden Name Sarah Sachs
16. Color or race White 17. Age at time of this birth yrs.
18. Birthplace Russia
(City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Mother's mailing address for registration notice:
108 Market Space

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by , related to this child as

24. Date rec'd by local registrar January 12 19 1897

(Signed) E. Schennar M. D.
(Midwife)
or
Commissioner of Health and Registrar

25. Signed Dr. James E. McShane
Registrar

26. Given name added by Registrar per

(Address) 0055 March 16, 1970
Date

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-79686

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. S. Eden St. (If rural give location)

3. Full name of child Rosenthal

4. Date of birth Dec. 26 1896 (Month) (Day) (Year)

5. Sex: Male | 6. Twin or triplet | If so—born 1st, 2d, or 3rd | 7. Number weeks of pregnancy | 8. Hour of birth M.

FATHER OF CHILD

9. Full Name Herman Rosenthal
10. Color or race W 11. Age at time of this birth yrs.
12. Birthplace Europe (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD

15. Full Maiden Name Pauline Rosenthal
16. Color or race W 17. Age at time of this birth yrs.
18. Birthplace Europe (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 7
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:
Pauline Rosenthal
S. Eden St.
Baltimore, Md.

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..., related to this child as ...

(Signed) C. Bernstein M. D.
Physician (or midwife) who attended this birth
or ... Commissioner of Health and Registrar.

24. Date rec'd by local registrar Jan. 13 1897

25. Signed Dr. James F. McShane
Registrar

26. Given name added ... by Registrar per ...

Address ... Date DEC 11 1968

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No information appears on the original for information not appearing on this certificate.

RETURN OF A BIRTH. 79733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 30th 9.50 P.M. Girl
4. Place of Birth, (Street and Number) 1008 Eastern Ave
5. Full Name of Mother, Caroline Rud Kelhausen Schmidt
6. Mother's Maiden Name, Caroline Ruckelhausen
7. Mother's Birthplace, Germany
8. Full Name of Father, Karl Schmidt
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, James E Donnelly M.D.

Address, 101 Baltimore St East

Remarks, Pardon the delay in Giving DOB 5 8th East on the old Cert. and was Overlooked.

shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance who is authorized by law, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

13

RETURN OF A BIRTH. 7973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 10. 1896
4. Place of Birth, (Street and Number) 1810 Greenmount ave
5. Full Name of Mother, Mrs Mary Franklin
6. Mother's Maiden Name, Mary ——— Wehn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry J. Franklin
9. Father's Occupation, Car conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. B B Browne M.D.

Address. 510 Park ave

Remarks,

8960005593

Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 79735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, Frances Ethel Getchy

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 25. 1896
4. Place of Birth, (Street and Number) 1028 Pennsylvania ave
5. Full Name of Mother, Mrs Mamie Getchy
6. Mother's Maiden Name, Mamie Bryan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm F. Getchy
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Carroll County.

Name of Medical Attendant, or other person who makes this Return, A. M. Brownell M.D.

Address, 570 Park ave

Remarks,

8960005594

sate schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth occurs when no physician is in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 24th 1896

4. Place of Birth, (Street and Number) 174 Old York Rd.

5. Full Name of Mother, Katherine Knoop

6. Mother's Maiden Name, Schafer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Max V. Knoop

9. Father's Occupation Cigar Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. B. Hall M.D.

Address,

Remarks,

1896 0005595

Wm. J. C. Dulany Co., City Printers and Stationers.

Every case of birth shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth occurs, by the attending physician or midwife, or in the absence of such, by the householder or owner of the premises where the birth occurs, or by the parent of such child. Such report shall state the full name, color, sex, the full name and occupation of its parents, the date and place of birth, the street and number of the house where the birth occurs, and the name of the physician or midwife in attendance. Blank forms for such reports will be furnished by the Registrar of Vital Statistics, Board of Health, Baltimore City, upon application. Every householder or owner of premises who shall neglect or refuse to report any birth occurring in his house, and every physician or midwife who shall neglect or refuse to report any birth at which he was in attendance, shall be guilty of a misdemeanor, and upon conviction thereof, in the manner and within the period prescribed by law, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health, and shall set forth as far as the same can be ascertained, the [illegible] parents, the date and place of birth: and the month, and shall [illegible] been conferred) its sex, color, the full name and occupation of its [illegible] in the form of a certificate between the first and said schedule shall be delivered duly signed by the practitioner in the form of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or of the parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 29. 1896
4. *Place of Birth, (Street and Number)* 2803 York Rd
5. *Full Name of Mother,* Regina M. Sparks
6. *Mother's Maiden Name,* Dillihunt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Richard B. Sparks
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, J. B. Hart. M.D.

Address, Waverly

Remarks,

1896000005596

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 79738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Femel
2. Race or Color, (if not of the white race) Whit
3. Date of Birth, 9 August 1896
4. Place of Birth, (Street and Number) 834 Manthpolit ave
5. Full Name of Mother, Annie Barrows
6. Mother's Maiden Name, Annie Peterson
7. Mother's Birthplace, Baltimor M D
8. Full Name of Father, Peter Barrows
9. Father's Occupation Ingenner
10. Father's Birthplace, Baltimor M D

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

+ 8960005597

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 79739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Ch.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, Aug. 18 96.

4. Place of Birth, (Street and Number) 1007 E. Lore St.

5. Full Name of Mother, Margaret Carroll O'Keefe

6. Mother's Maiden Name, Carroll

7. Mother's Birthplace, Ky

8. Full Name of Father, James W. O'Keefe

9. Father's Occupation, Showcase maker

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, J. Hunter Hopkins

Address, 101 E. Lexington St.

Remarks,

1896 0005598

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, or other person (not a regularly licensed physician) who shall attend upon the mother, immediately hereafter, shall become the duty of the person or parents of such child (as the case may be) to report the birth of such child to the Commissioner of Health, within the time and in the manner hereinbefore provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 25th 1899
4. Place of Birth, (Street and Number) 1505 Bank st
5. Full Name of Mother, Annie G. Warden
6. Mother's Maiden Name, Raw
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John W. Warden
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Chas E. Dennis M.D.

Address, Hos N Green st

Remarks,

1 8 9 6 0 0 0 5 5 9 9

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 28 1896
4. Place of Birth, (Street and Number) 374 David Hillard
5. Full Name of Mother, Leppie Allen
6. Mother's Maiden Name, Lizzie Cuyback
7. Mother's Birthplace, Appal Springs Virginia
8. Full Name of Father, Walter Gonalf
9. Father's Occupation Laboring
10. Father's Birthplace, Charles County Md

Name of Medical Attendant, or other person who makes this Return, Gatz Gatz de

Address, 509 West Baltor Street

Remarks,

1896000056 00

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13/96
4. Place of Birth, (Street and Number) 1923 Hartford Ave
5. Full Name of Mother, Emma Lenore Davidson
6. Mother's Maiden Name, Balto Md
7. Mother's Birthplace, Charles Lenore
8. Full Name of Father, [illegible]
9. Father's Occupation Carpenter Pa
10. Father's Birthplace, M. B. Billingsley

Name of Medical Attendant, or other person who makes this Return, 1206 E. Pratt St

Address,

Remarks,

1896000560 1

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] the name and place of birth; and the third day of each and every month shall be delivered at the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period [illegible] section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 28/96
4. Place of Birth, (Street and Number) 209 S Grand St
5. Full Name of Mother, Regina Smith
6. Mother's Maiden Name, Bishop
7. Mother's Birthplace, Balto Co Md
8. Full Name of Father, J. E. Smith
9. Father's Occupation clerk
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, M. B. Billingham

Address, 1206 E. Baltimore St

Remarks,

1896 0005602

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1411 Ashland Ave July 13/96.
4. Place of Birth, (Street and Number) Ellen Dwn 1411 Ashland ave
5. Full Name of Mother, Ellen Dawn
6. Mother's Maiden Name, Gallagher
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Dawn
9. Father's Occupation Laundry master
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. H. Lefevre M. D.

Address, 1501 E Eager St

Remarks,

B 2 6 0 0 0 5 6 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...sent schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. And the birth of any child shall occur without the attendance of such practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 15/96.

4. Place of Birth, (Street and Number) 1827 E Balto St

5. Full Name of Mother, Mary Mier

6. Mother's Maiden Name, Fogler

7. Mother's Birthplace, Balto

8. Full Name of Father, Albert Mier

9. Father's Occupation Laciguer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S. W. Stefens M. D.

Address, 1501 E Eager St

Remarks,

8960005604

Wm. J. C. Dul... City Printers and Stationers.

...about the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become and within the period above named, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in accordance with the provisions of this section, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 17th 1896

4. Place of Birth, (Street and Number) 1734 E. Federal St

5. Full Name of Mother, Kate Rosenthal

6. Mother's Maiden Name, Zeis Galts

7. Mother's Birthplace, Rudolph Rosenthal

8. Full Name of Father, Salesman

9. Father's Occupation Germany

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, S. H. Sykes M. D.

Address, 1501 E. Eager St

Remarks,

1 8 9 6 U 0 0 5 6 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth must be reported every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and in case the mother, immediately after the birth, is in the charge of a physician or practitioner of medicine, it shall be the duty of such person to report such birth; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-7-55

RETURN OF A BIRTH. 79755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carlyn Friedmann Hartline

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17th 1896
4. Place of Birth, (Street and Number) 1313 Madison Ave
5. Full Name of Mother, Bertha Hartline
6. Mother's Maiden Name, Friedmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alexander Hartline
9. Father's Occupation Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S. H. Selfridge M. D.

Address, 1501 E Eager St

Remarks, 1896 0005606

third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the limits of a city, the Commissioner of Industry, or should no other person be in attendance, the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or midwife, or if the person or parents of such attendance, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons shall answer the questions required by this section. Any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. *No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) Eighth
2. *Sex,* (state whether male or female) Female
3. *Race or Color,* (if not of the white race) White
4. *Date of Birth,* July 26 1896
5. *Place of Birth,* (Street and Number) 19 N Howard St
6. *Full Name of Mother,* Ellen R. Fink
7. *Mother's Maiden Name,* Farmer
8. *Mother's Birthplace,* Alexandria Va.
9. *Full Name of Father,* Philip Fink
10. *Father's Occupation* Saloonkeeper
    Father's Birthplace, Balto
    Name of Medical Attendant, or other person who makes this Return, S. H. Sellers M. D.
    Address, 1501 E. Eager St.
    Remarks, 1 8 9 6 0 0 0 5 6 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by law; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 30th 1896.

4. Place of Birth, (Street and Number) 733 N Washington St

5. Full Name of Mother, Josephine Hart

6. Mother's Maiden Name, Deutsch

7. Mother's Birthplace, Balto County

8. Full Name of Father, Herman Hart

9. Father's Occupation Baker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S W Selfridge M. D.

Address, 1501 E. Eager St

Remarks,

1896 U 005608

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Ch

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8/96
4. Place of Birth, (Street and Number) 528 Bolton St
5. Full Name of Mother, Alice Johnson
6. Mother's Maiden Name, Shaw
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Robt Johnson
9. Father's Occupation Sam Roads
10. Father's Birthplace, ~~Balto Md~~ Wm B Billingsley 1206 E Pratt St

Name of Medical Attendant, or other person who makes this Return, Wm B Billingsley 1206 E Pratt St

Address, 1206 E. Pratt St

Remarks,

1896 005609

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE AMENDED

RETURN OF A BIRTH. 79759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: MARION GERTRUDE SCHROEDER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 10/96
4. Place of Birth, (Street and Number) 110 E Eason St
5. Full Name of Mother, Annie I Schroeder
6. Mother's Maiden Name, Common
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Robt I Schroeder
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Preston

Remarks,

1896 0005610

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall practice as a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of a child, shall neglect without the attendance of a physician, or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of a child, shall become the duty of the person or persons so neglecting, and it shall be the duty of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 13th 1896
4. Place of Birth, (Street and Number) 427 Waverly Ave
5. Full Name of Mother, Blanche Smith
6. Mother's Maiden Name, Evans
7. Mother's Birthplace, Penn
8. Full Name of Father, Henry Smith
9. Father's Occupation Machinist
10. Father's Birthplace, Kent Co Md

Name of Medical Attendant, or other person who makes this Return. Dr. B. Billingslea

Address, 1206 E. Preston St

Remarks,

8960005611

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 14/96

4. Place of Birth, (Street and Number) 1914 N. Dallas

5. Full Name of Mother, Clara Study

6. Mother's Maiden Name, Nowith

7. Mother's Birthplace, Cecil Co Md

8. Full Name of Father, Joseph Study

9. Father's Occupation shoemaker

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. W. B. Billingsley

Address, 1206 E. Baltimore St

Remarks,

1896005612

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur within his district, immediately thereafter it shall become the duty of the person or parents of such child, if living within the city, and if not, of the person having charge of such child, to report the birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 16/96
4. *Place of Birth, (Street and Number)* 1534 N Wolfe
5. *Full Name of Mother,* Katie Duesling
6. *Mother's Maiden Name,* Wright
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* George Duesling
9. *Father's Occupation* printer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Preston St

Remarks,

18960005613

...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

10

RETURN OF A BIRTH. 79763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female (Mary Camilla)
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 26, 1896
4. Place of Birth, (Street and Number) Brookland ville
5. Full Name of Mother, Mrs Mary Bonsal
6. Mother's Maiden Name, Mary Pleasants
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Leigh Bonsal
9. Father's Occupation, Attorney at Law
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. W. B. Brown

Address, 510 Park Ave

Remarks, City residence 18 East Mount Vernon Pl

8960005614

child to report the birth to the Commissioner of Health, in the manner and within the period above stated, and every such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

6

RETURN OF A BIRTH. 79764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 7, 1896
4. Place of Birth, (Street and Number) 1028 Pennsylvania ave
5. Full Name of Mother, Mrs Hannie Getchey
6. Mother's Maiden Name, Hannie Bryan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William F Getchey
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Carroll County, Md

Name of Medical Attendant, or other person who makes this Return. B B Browne M.D.

Address, 510 Park ave

Remarks,

1896000561 5

shall permit without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the fact to the Health Officer of the city, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, January 2nd 1896
4. Place of Birth, (Street and Number) 1012 N. Carrollton
5. Full Name of Mother, Mary M. Huber
6. Mother's Maiden Name, Rabbitt
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edward G. Huber
9. Father's Occupation Clothing Cutter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S. H. Sedwick M.D.

Address, 1301 E. Eager St

Remarks,

8960005616

Wm. J. C. Dulany Co., City Printers and Stationers.

Children born in the city of Baltimore after the first day of January, 1875, must be registered, or should no other person be in attendance, the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the record as required by law, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-27-55

RETURN OF A BIRTH. 9766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Grace Ethel ~~Miller~~ First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4, 1896
4. Place of Birth, (Street and Number) 313 N. Eden St.
5. Full Name of Mother, Margaret Lilian Miller
6. Mother's Maiden Name, " " Connelly
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, William James Miller
9. Father's Occupation, Jeweler
10. Father's Birthplace, Victoria, Canada

Name of Medical Attendant, or other person who makes this Return. Geo. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

B 9 6 0 0 0 5 6 1 7

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Form J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 17. 1896

4. Place of Birth, (Street and Number) 1931 Jefferson St.

5. Full Name of Mother, Anna Matilda Medinger

6. Mother's Maiden Name, Pohl

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Chas. F. Medinger

9. Father's Occupation, Salesman

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Jno A Hartman M.D.

Address, 1121 N Carlton St.

Remarks,

+ 8 9 6 0 0 0 5 6 1 8

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 15. 1896
4. Place of Birth, (Street and Number) 822 East St.
5. Full Name of Mother, Esther Herman
6. Mother's Maiden Name, " Harris
7. Mother's Birthplace, Russian Poland
8. Full Name of Father, Jacob Herman
9. Father's Occupation, Clothing Manufacturer
10. Father's Birthplace, Russian Poland

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 Martin St.

Remarks,

1 8 9 6 0 0 0 5 6 1 9

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 15. 1896
4. Place of Birth, (Street and Number) 1102 Clifton Place
5. Full Name of Mother, Viola Randolph Wynn
6. Mother's Maiden Name, " " Kapp
7. Mother's Birthplace, Sunbury, Penn.
8. Full Name of Father, Stephen L. Wynn
9. Father's Occupation, Lineman
10. Father's Birthplace, Goldsboro, N. C.

Name of Medical Attendant, or other person who makes this Return. Geo. A. Hartman M.D.

Address, 1121 N. Carolina St.

Remarks,

1896 0005620

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female Wilma Anna Pershe
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 19. 1896
4. Place of Birth, (Street and Number) 609 N. Gay St.
5. Full Name of Mother, Anna Kate Pershe
6. Mother's Maiden Name, " " Spahr
7. Mother's Birthplace, Ohio
8. Full Name of Father, Francis A. Pershe
9. Father's Occupation, Jeweler
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return. Wm. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

1896000562 1

Shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of any child attendant upon such birth, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 25. 1896
4. Place of Birth, (Street and Number) 531 Aisquith St.
5. Full Name of Mother, Kate J. Sutherland
6. Mother's Maiden Name, " " Armacost
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, D. Cameron Sutherland
9. Father's Occupation, Dentist
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Jno. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

1 8 9 6 0 0 0 5 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 25. 1896
4. Place of Birth, (Street and Number) 1004 E. Preston St.
5. Full Name of Mother, Rachel Ann Lehman
6. Mother's Maiden Name, " " Hall
7. Mother's Birthplace, Cecil Co. Md.
8. Full Name of Father, Chas. R. Lehman
9. Father's Occupation, Book-Keeper
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

1896 0005623

Wm J C. Dulany Co., City Printers and Stationers.

Any person who shall neglect or refuse to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the birth of any child attended or known by him, within ten days after the occurrence of such birth, or any person other than the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 30. 1896
4. Place of Birth, (Street and Number) 1124 N. Bond St.
5. Full Name of Mother, Sarah Frances Williamson
6. Mother's Maiden Name, " Keith
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, David Joseph Williamson
9. Father's Occupation, Salesman
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Geo. A. Hartman M.D.

Address, 1131 N. Caroline St.

Remarks,

B 7 6 0 0 0 5 6 2 4

Shall occur without the attendance of a physician or practitioner of midwifery, or should the father or person having charge of such child neglect or refuse to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

1. Sex female No child 2
2 color White
3 date 18 January 1896
4 1303 lemon St
5 Bertha a arnold
6 Bertha a Sowers
7 Birth Place Baltimore
8 timothy J Arnold
9 laborer
10 Georgetown D C

Mrs Shaw
1310 Pratt St

1896 0005625

RETURN OF A BIRTH. 79775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 3rd - 96.
4. Place of Birth, (Street and Number) 613 E. Chase St.
5. Full Name of Mother, Linda L. Shipley.
6. Mother's Maiden Name, Wilcox
7. Mother's Birthplace, Bacco Co.
8. Full Name of Father, Chas H. Shipley.
9. Father's Occupation, Fireman on N. C. & R. R.
10. Father's Birthplace, Bacco.

Name of Medical Attendant, or other person who makes this Return, Dr B. P. [illegible] M.D.

Address.

Remarks.

18960005626

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jany 4th 1896

4. Place of Birth, (Street and Number) 9 W. Montgomery St

5. Full Name of Mother, Amelia E. Nunn

6. Mother's Maiden Name, Saulsbury

7. Mother's Birthplace, Balto.

8. Full Name of Father, Geo. Nunn

9. Father's Occupation, Milk Dairy

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, R. E. Lee

Address, N. W. cor. Hanover & Barre St

Remarks, 1896 00056 27

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79777

GIVEN NAME ADDED 11-7-59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Frederick ~~Loewenstein~~

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 96
4. Place of Birth, (Street and Number) 1211 Eutaw Pl.
5. Full Name of Mother, Lillie A. Loewenstein
6. Mother's Maiden Name, Bendell
7. Mother's Birthplace, Balto.
8. Full Name of Father, Chas D. Loewenstein
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 900 E. Chase St

Remarks,

8960005628

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician, midwife, householder or other person who shall refuse or neglect to furnish the information required by this section, or who shall knowingly furnish false information, shall be guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than ten dollars nor more than fifty dollars for each offence. It shall become the duty of the person or parents of each child born within the City of Baltimore to make a return of birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 9th 96
4. Place of Birth, (Street and Number) 110 E. Clement St
5. Full Name of Mother, Mathilde Kochne
6. Mother's Maiden Name, " " Mayer
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm. Kochne
9. Father's Occupation, Brass-worker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Wm Gould, M.D.

Address, 837 W. Fayette St.

Remarks,

8960005629

...upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...id to report its birth to the Commissioner of Health, in the manner and with the particulars required by law; ...any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be sub-jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 11, 1896
4. *Place of Birth, (Street and Number)*	1123 Cleveland Ave
5. *Full Name of Mother,*	Sarah Gary
6. *Mother's Maiden Name,*	" McGaff
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Michael Gary
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	H. C. Krupp M.D
Address,	523 South St.
Remarks,	

1896 0005630

Wm. J. C. Dulany Co., City Printers and Stationers.

Attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by law, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 14th. 1896.

4. Place of Birth, (Street and Number) 1520 Aisquith St.

5. Full Name of Mother, Martha E. Byner

6. Mother's Maiden Name, Martha E. Brown

7. Mother's Birthplace, Hagerstown

8. Full Name of Father, Henry W Byrnes.

9. Father's Occupation Motorman, Central R.R. Balt

10. Father's Birthplace, Hagerstown Md

Name of Medical Attendant, or other person who makes this Return, Wilmer Benitow, M.D.

Address, S.W. Cor Eastern & Preston Sts.

Remarks,

1 8 9 6 0 0 0 5 6 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall neglect or refuse to report the birth of a child when required by this act, or who shall report the same otherwise than as required by this act, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars for each offence. Any physician or practitioner of midwifery, or should no other person be in attendance at the birth, then the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 15-96.
4. Place of Birth, (Street and Number) 1012 E. Madison St.
5. Full Name of Mother, Mary J. Gray
6. Mother's Maiden Name. Mary J. Warner.
7. Mother's Birthplace, Harford Co Md.
8. Full Name of Father, Chas J. Gray
9. Father's Occupation Electrician
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, W B Remy MD

Address.

Remarks.

18960005632

Wm. J. C. Dulany Co., City Printers and Stationers.

Attendance upon the another. Immediately thereafter, it will become the duty of the person attending upon such mother, or if there be no other person in attendance upon the mother, or if such person be absent from the city at the time of birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DUPLICATE

RETURN OF A BIRTH. 9781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4-15-96.
4. Place of Birth, (Street and Number) 1032 E. Madison St.
5. Full Name of Mother, Mary J. Gray
6. Mother's Maiden Name, Barnes
7. Mother's Birthplace, Harford Co. Md.
8. Full Name of Father, W. C. Gray
9. Father's Occupation, Electrician
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return. W. B. Perry M.D.

Address, 200 E. Chase St.

Remarks.

8960005633

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 16 of 896
4. Place of Birth, (Street and Number) 752 N. Franklin St.
5. Full Name of Mother, Helen Bridges
6. Mother's Maiden Name, Multenheim
7. Mother's Birthplace, New York
8. Full Name of Father, John C. Bridges
9. Father's Occupation, Painter
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, H. E. Kirby M.D.

Address. 523 Scott St.

Remarks.

+ 8960005634

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. 1 11 06
4. Place of Birth, (Street and Number) 1300 E. Monument
5. Full Name of Mother, Annie Zimmerman
6. Mother's Maiden Name. " Fraser.
7. Mother's Birthplace. Canada.
8. Full Name of Father. Geo. F. Zimmerman
9. Father's Occupation. Fireman on B. & O. R.R.
10. Father's Birthplace. Balto

Name of Medical Attendant, or other person who makes this Return. W. B. Ross M.D.

Address.

Remarks.

1896 0005635

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 20 96.
4. Place of Birth, (Street and Number) 936 St Paul St.
5. Full Name of Mother, Mary A. Bowden
6. Mother's Maiden Name, " " Tillman
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm. H. Bowden
9. Father's Occupation Baker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. W B Rieman MD.

Address,

Remarks,

1 8960005636

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person who shall wilfully neglect or refuse to make a return of a birth, as required by law, or shall wilfully make a false return, or any physician, midwife or other person in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	636 Co Jan 25/86
4. *Place of Birth, (Street and Number)*	636 Columbia ave
5. *Full Name of Mother,*	Minnie Clute
6. *Mother's Maiden Name,*	Minnie Lee
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Randal H. Clute
9. *Father's Occupation*	Launchyman
10. *Father's Birthplace,*	Canada
Name of Medical Attendant, or other person who makes this Return,	H. E. Kirk M.D.
Address,	523 Scott St.
Remarks,	

8960005637

Attention is hereby called to the provisions of Section 12 of the Act of 1898, Chapter 123, which requires the Return of a Birth to be made to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the Attending Physician, Midwife, Parent, Householder, or Nurse, in the order named, within five days after the birth occurs, and imposes a penalty of Ten Dollars upon the Physician, Midwife, Parent, Householder, or Nurse, who shall neglect to make such Return within the time specified. Attention is also called to the provisions of Section 13 of the same Act, which requires the Return of a Birth to be made to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the Undertaker, Sexton, or Person in charge of any Burial Ground, Cemetery, or Crematory, in which the body of a child is buried or cremated, if no Certificate of Birth has been previously filed with the Registrar of Vital Statistics, Board of Health, Baltimore City, and imposes a penalty of Ten Dollars upon the Undertaker, Sexton, or Person in charge of any Burial Ground, Cemetery, or Crematory, who shall neglect to make such Return within the time specified. Attention is further called to the provisions of Section 14 of the same Act, which requires the Return of a Birth to be made to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the Master, Owner, Agent, or Person in charge of any Vessel, Boat, Train, Car, or Conveyance, in which a child is born, if no Certificate of Birth has been previously filed with the Registrar of Vital Statistics, Board of Health, Baltimore City, and imposes a penalty of Ten Dollars upon the Master, Owner, Agent, or Person in charge of any Vessel, Boat, Train, Car, or Conveyance, who shall neglect to make such Return within the time specified. Attention is further called to the provisions of Section 15 of the same Act, which requires the Return of a Birth to be made to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the Keeper, Superintendent, or Person in charge of any Institution, Asylum, Hospital, Almshouse, Prison, or Penitentiary, or Station House, in which a child is born, if no Certificate of Birth has been previously filed with the Registrar of Vital Statistics, Board of Health, Baltimore City, and imposes a penalty of Ten Dollars upon the Keeper, Superintendent, or Person in charge of any Institution, Asylum, Hospital, Almshouse, Prison, or Penitentiary, or Station House, who shall neglect to make such Return within the time specified. Attention is further called to the provisions of Section 16 of the same Act, which requires the Return of a Birth to be made to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the Mother, immediately thereafter it shall become the duty of the person or parents of such child hereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2024 Stockton St
4. Place of Birth, (Street and Number) January 27 1926
5. Full Name of Mother, Rosie Kimbell
6. Mother's Maiden Name, Rosie Bell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Philip Kimbell
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return. Ina A Mumford
Address, 655 E Biddle St
Remarks,

8960005638

attendance upon the mother, immediately thereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 27 th 1896
4. Place of Birth, (Street and Number) 262 E Madison St
5. Full Name of Mother, Christene Heck
6. Mother's Maiden Name, Christine Hockinger
7. Mother's Birthplace, Germany
8. Full Name of Father, George L Heck
9. Father's Occupation Minister
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Miss Anna [illegible]

Address, 559 Bloom St

Remarks,

8960005639

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-20-58 79788

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Blanche ~~Hardester~~ Parsons

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 27th 1896
4. Place of Birth, (Street and Number) 706 E. Chase St
5. Full Name of Mother, Clara A. Parsons
6. Mother's Maiden Name, Clara A. Ludwig
7. Mother's Birthplace, York Co. Pa.
8. Full Name of Father, Joseph Parsons
9. Father's Occupation Furniture Manufacturer
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D.

Address, S.W. Cor. Calvert & Preston Sts

Remarks.

1896000564 0

[illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) 1122 N Diam[illegible] st
5. Full Name of Mother, Lottie Jennings
6. Mother's Maiden Name, [illegible] Bell
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Jennings
9. Father's Occupation Drayman Horse
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs E. A. Brooks

Address, # 1828 Light-St-

Remarks, Dairy nurse

8960005641

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 28 th 96.

4. Place of Birth, (Street and Number) 1536 Orleans St

5. Full Name of Mother, Barbara Degelle

6. Mother's Maiden Name, Herrier

7. Mother's Birthplace, Germany

8. Full Name of Father, William Degelle

9. Father's Occupation Brass finisher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Adolph B. Eisenberg M.D.

Address, N E Cor Bank & Wolfe Sts

Remarks,

1896 0005642

Should occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall become the duty of the parents, or parents of such child, or either of them, immediately after the birth, to report the same, and the particulars required, to the Commissioner of Health, in the manner and conditions of this section above prescribed, and any person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 28 January 1896
4. Place of Birth, (Street and Number) 946 Albemarle St
5. Full Name of Mother Lizzie Lewis
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Russia
8. Full Name of Father, Kapsor Lewis
9. Father's Occupation Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Rosenzweig

Address. 42 Albemarle St.

Remarks,

1896 00005643

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or whose birth or any child or children, whose birth or births may be in attendance upon the mother, immediately thereafter, shall in like manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance, it shall be the duty of the parents or parents of such child to report its birth to the Commissioner of Health, and it is hereby made the duty of such parents to comply with the provisions of this section within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~July~~ 22nd 1896
4. *Place of Birth, (Street and Number)* 817 W. Washington St.
5. *Full Name of Mother,* Mary Sweeney
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Sweeney
9. *Father's Occupation* Police Officer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 121 S. Exeter St.

Remarks,

1896 0005644

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 79793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 29

4. Place of Birth, (Street and Number) 717 Hanover

5. Full Name of Mother, Maggie Blake

6. Mother's Maiden Name, Maggie Brown

7. Mother's Birthplace, Balto

8. Full Name of Father, Robt Blake

9. Father's Occupation Butcher

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. Thomas

Address, 641 Hanover St

Remarks,

8960005645

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 79794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 29th 96 Jefferson Place
4. Place of Birth, (Street and Number) 212 E 20 Broadwell
5. Full Name of Mother, Rosa A. Cunningham
6. Mother's Maiden Name, Rosa A. Harford Co. Md
7. Mother's Birthplace, Delaware
8. Full Name of Father, Walter J. Broadwell
9. Father's Occupation, Engineer B. & O. R.R.
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return. Lewis C. Heuaf MD

Address, 122 N. Howard St.

Remarks,

18960005646

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

The Return of the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, then the person or persons in charge of such house or place shall cause the same to be returned immediately thereafter. It shall become the duty of the person above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 Jan 1896
4. Place of Birth, (Street and Number) 210 High St
5. Full Name of Mother, Sarah Cohen
6. Mother's Maiden Name, Kuchler
7. Mother's Birthplace, Russia
8. Full Name of Father, Harris Cohen
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Silverman

Address, 2 Albemarle St.

Remarks,

1896 00056 47

Wm. J. C. Dulany Co., City Printers and Stationers

Every birth shall be delivered, duly signed by the practitioner or by the person in charge of the case, at the office of the Commissioner of Health, or shall be mailed to the office of the Commissioner of Health, or of the person or persons appointed by him to receive the same, within thirty-six hours after the birth of any child; and every midwife, or other person who shall not be a physician or practitioner, who shall become aware of the birth of any child, shall, within the period of thirty-six hours, report the same to the Commissioner of Health, or to the person or persons appointed by him to receive the same, and shall immediately thereafter, in the writing the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable by law. Every midwife, or other person who shall not be a physician or practitioner, who shall become aware of the birth of any child, shall, within the period of thirty-six hours, report the same to the Commissioner of Health, or to the person or persons appointed by him to receive the same, and shall immediately thereafter, in the writing the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable by law.

RETURN OF A BIRTH. 79796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	Second
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth.*	January 2d 1896
4. *Place of Birth.* (*Street and Number*)	632 Bloom St
5. *Full Name of Mother,*	Maggie Scott
6. *Mother's Maiden Name,*	Maggie Byrnes
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Thomas Scott
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs A Mumpelo
Address,	659 Bloom St
Remarks,	

1896000056 48

attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in said section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79797

GIVEN NAME ADDED 11-9-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Flora ~~Virginia~~ Austin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 24 1926
4. Place of Birth, (Street and Number) 1228 Eighth St
5. Full Name of Mother, Emma V Austin
6. Mother's Maiden Name, Weisner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas E Austin
9. Father's Occupation Brick-Cutter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Chas E D Brooks M.D.

Address, 1828 Eight-St

Remarks, Doing well

8 7 6 0 0 0 5 6 4 9

Every birth and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 30th 96.
4. Place of Birth, (Street and Number) 604 Lowndes St
5. Full Name of Mother, Adelina Rolle
6. Mother's Maiden Name, Hartman
7. Mother's Birthplace, Balto
8. Full Name of Father, Louis Rolle
9. Father's Occupation Nickel Plater
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S. A. Siegel M. D.

Address, 150 N. Eager St

Remarks,

+ 8960005650

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth Child

1. Sex, (state whether male or female) Male Twin Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 31 st 1896

4. Place of Birth, (Street and Number) Carey Street

5. Full Name of Mother, Mary A Bounds

6. Mother's Maiden Name, Mary Schultz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John A Bounds

9. Father's Occupation Painter

10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs A Messenkill

Address, 354 Bloom St

Remarks,

18960005651

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife shall report to the Office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other return of such birth be made, on the third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other return of such birth be made, every midwife shall immediately thereafter, if she shall become the attendant upon the next case within the period above required, and attendance upon such birth to the Commissioner of Health. In the same manner and with the provisions of this section shall be subject to the penalty hereinafter provided. Every midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to the penalty hereinafter provided. Every midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to the penalty hereinafter provided. Every midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79800

GIVEN NAME ADDED 11-29-54

To the Office of Registrar of Vital Statistics, ~~Board of Health~~, Baltimore City.

Name: ~~Helen Wittelmina~~ Katherine Bieran

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 31st 1896
4. Place of Birth, (Street and Number) 303 S. Caroline st.
5. Full Name of Mother, Nellie Bieran
6. Mother's Maiden Name, " Prinz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Bieran
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 122 S. Exeter st.

Remarks,

1896005652

Wm. J. C. Dulany Co., City Printers and Stationers.

Any physician or practitioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner provided in this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 Dec 1906
4. Place of Birth, (Street and Number) 38 & 6 Virginia Ave
5. Full Name of Mother, Louise C. Heaney
6. Mother's Maiden Name, Steinmiller
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Heaney
9. Father's Occupation Lineman Water Co
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return: Mrs E A Brooks

Address, #1828 Bigelow Ave

Remarks, Douglas

1896000056 53

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter. In case any person or persons shall hereafter fail to comply with the provisions of this section, shall be subject to the payment of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 79802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan. 31, 1896
4. Place of Birth, (Street and Number) 608 Bradley St
5. Full Name of Mother, Ada Hall
6. Mother's Maiden Name, Ada Hall
7. Mother's Birthplace, Md
8. Full Name of Father, James Williams
9. Father's Occupation, Porter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Louise Eaton M.D.

Address, 410 W. Hoffman St

Remarks,

1896005654

Any physician or midwife who shall neglect or refuse to make the above return, or any person required by law to make such return, who shall neglect or refuse to make the same within the time specified, and any person who shall refuse to answer any question relative to the matters required by this act to be reported, or who shall answer falsely, shall be guilty of a misdemeanor, and shall be liable to a penalty of not less than five nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 79803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col'd

3. Date of Birth, Jan 21/96

4. Place of Birth, (Street and Number) 15 Warren St

5. Full Name of Mother, Hattie Brown

6. Mother's Maiden Name, Hattie Broom

7. Mother's Birthplace, Geo

8. Full Name of Father, Wm Brown

9. Father's Occupation, Laborer

10. Father's Birthplace. Geo

Name of Medical Attendant, or other person who makes this Return, Jane Woodland

Address,

Remarks,

1 8 9 6 0 0 0 5 6 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or midwife, or if any, of whom no other person is in attendance upon the mother, immediately after the birth, shall become the duty of the person or parents of such child to report its birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12th 1926
4. Place of Birth, (Street and Number) 2041 E. North Ave
5. Full Name of Mother, Mamie L. Dignan
6. Mother's Maiden Name, Parlette
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John P. Dignan
9. Father's Occupation Letter Carrier
10. Father's Birthplace, California

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Hart

Address, 515 Jefferson Ave

Remarks,

18960005656

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or midwife or the nearest relative or other person present at the birth, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79805

Birth name ADDED 11-22-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Beauregard Chilcote 3 ~ 1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 12th 1896
4. Place of Birth, (Street and Number) 1163 York Road
5. Full Name of Mother, Katie Chilcote
6. Mother's Maiden Name, Carman
7. Mother's Birthplace, Maryland
8. Full Name of Father, John C Chilcote
9. Father's Occupation Barber
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr J B Hart

Address, 815 Jefferson Ave

Remarks,

1896 0005657

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79806

GIVEN NAME ADDED. 8-6-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Daniel Tyre

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 18 1896
4. Place of Birth, (Street and Number) Shirley Lane
5. Full Name of Mother, Gladys H Tyre
6. Mother's Maiden Name, Gladys H Hall
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Hansel L Tyre
9. Father's Occupation Farmer Labor
10. Father's Birthplace, Madison County Miss

Name of Medical Attendant, or other person who makes this Return. Betty Wicks

Address, Carroll P.O.

Remarks,

1896005658

Wm. J. C. Dulany Co., City Printers and Stationers

Any person who shall wilfully refuse or neglect for the space of ten days after the birth of any child to furnish the information required by this return, or who shall give any false information concerning the birth of any child, or who shall not use due diligence to procure the information required by this return, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars. Any physician or practitioner of midwifery who shall neglect or refuse to report any birth attended by him within the time and in the manner and within the period above required, or who shall make any false statement in relation thereto, shall forfeit and pay for each offence a sum not exceeding ten dollars. Any undertaker who shall bury the body of any child for which a certificate of birth has not been filed as required by this section, shall be liable to the Commissioner of Health to comply with the provisions of this section, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-13-5-P

RETURN OF A BIRTH. 7987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Brown

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, Jan-4-96
4. Place of Birth, (Street and Number) Md Hosp.
5. Full Name of Mother, Lilly Brown,
6. Mother's Maiden Name, McTuson
7. Mother's Birthplace, Va.
8. Full Name of Father, Walter Brown,
9. Father's Occupation Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Dr. Consumption

Address, Md Hosp.

Remarks,

8960005659

attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of forty (40) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Color.
3. Date of Birth, January 23 1876
4. Place of Birth, (Street and Number) 1928 Brunt St.
5. Full Name of Mother, Fanie Bouze
6. Mother's Maiden Name, Holens
7. Mother's Birthplace, Lingnis Co.
8. Full Name of Father, Marshal Bouze
9. Father's Occupation Laboring
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 112 Saratoga St Balto Md

Remarks,

1876000566 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty.—Any physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person who shall be in charge of the house or premises where such birth occurs, within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH,

79808½

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex (state whether male or ~~female~~)* Male
2. *Race or ~~Color~~, (if not of the white race)* White
3. *Date of Birth* 8 PM Tuesday Jan 14th 1896
4. *Place of Birth, (Street and Number)* 836 Chesapeake St
5. *Full Name of Mother* Barbra C Hartley
6. *Mother's Maiden Name* Barbra C Fraherty
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles H Hartley
9. *Father's Occupation* Page at the City Hall
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. St Richards MD 1010 Chesapeake St

Address I was not called until after birth The child was dead born caused

Remarks by pressure by person on the Umbilical cord

and 48 hours in labor I was informed the mother is doing well Mrs

name of the mother of such child or children.

5960005661

RETURN OF A BIRTH. 79809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 1. 1896
4. Place of Birth, (Street and Number) 164 N Carolina st.
5. Full Name of Mother, Augusta L. Heck
6. Mother's Maiden Name, " Grube
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Sebastian J. Heck
9. Father's Occupation, Coffee-roaster
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Geo A Hartman M.D.

Address, 1131 N Carolina St.

Remarks,

8960005662

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person in charge of such child to report the same to the Commissioner of Health, in the manner and within the time required, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 3 th 1896
4. Place of Birth, (Street and Number) 530 N Patterson Park ave
5. Full Name of Mother, Lena Wagner
6. Mother's Maiden Name, Germanie
7. Mother's Birthplace, Germanie
8. Full Name of Father, Frank Wagner
9. Father's Occupation Tailor
10. Father's Birthplace, Germanie

Name of Medical Attendant, or other person who makes this Return, Mary Dupuis

Address, 205 N Washington St

Remarks,

8460005663

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the limits of the city, it shall become the duty of the person occupying the premises in which such birth shall occur, or in which the mother of such child may be, immediately after the same, in the manner and within the time required, said attendant, whether physician, midwife, or other person, to report the birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 7th 2, 1896.
4. Place of Birth, (Street and Number) 220. Bradford st
5. Full Name of Mother, Sophia Sylest.
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Sylest
9. Father's Occupation Farmaine
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mary Kopitsch

Address, 205 N Washington st

Remarks,

B 4 6 0 0 0 5 6 6 4

shall occur without due attendance as aforesaid, it shall become the duty of the person or parents of such child to report the facts to the Commissioner of Health, in the manner and within the time specified in this section, and any person or persons who shall hereafter fail to comply with this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 8th 1896.
4. Place of Birth, (Street and Number) 623 N. Mulberry
5. Full Name of Mother, Mary E. Granger
6. Mother's Maiden Name, Gibson
7. Mother's Birthplace, Md
8. Full Name of Father, Wm F. Granger
9. Father's Occupation, Cabt Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Hart

Address, 815 Jefferson St

Remarks, Family

1896 0005665

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 4. 1896
4. Place of Birth, (Street and Number)	1336 E. Chase St.
5. Full Name of Mother,	Mary E. Dietz
6. Mother's Maiden Name,	" " Streu
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	John W. Dietz
9. Father's Occupation,	Mattress maker
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Jos. A. Hartman M.D.
Address,	1131 N. Caroline St.
Remarks,	

8 9 6 0 0 0 5 6 6 6

Wm J. C. Dulany Co., City Printers and Stationers.

1236.]

[illegible] occupation of its parents, the date and place of birth; and the [illegible] each child, (if any shall) have [illegible] be delivered, duly signed by the practitioner in the form of a certificate between the first and [illegible] each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. th 4. 1896.
4. *Place of Birth, (Street and Number)* 1913. eager st.
5. *Full Name of Mother,* Katie Horkey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemaine
8. *Full Name of Father,* John Horkey
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Bohemaine

Name of Medical Attendant, or other person who makes this Return, Mary Koptish

Address, 20 S. N Washington st

Remarks,

8960005667

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 79815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb th 6 1896.
4. Place of Birth, (Street and Number) 311 Chapel st
5. Full Name of Mother, Mary Needer
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Needer
9. Father's Occupation Taylor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Koptish

Address, 205 N Washington st.

Remarks,

6960 05668

Wm. J. C. Dulany Co., City Printers and Stationers.

All persons having charge of any case of birth which may occur after the passage of this ordinance shall cause the same to be registered under his or her care during the first ten days after the occurrence thereof, and shall cause the name of the child, if any, to be registered, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive within said ten days, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said return shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month of the year, to the Commissioner of Health, or such person as he may designate for the purpose, and every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 79816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 7th 9. 1896.
4. Place of Birth, (Street and Number) 304. N. Amm st.
5. Full Name of Mother, Annie Hasilek.
6. Mother's Maiden Name,
7. Mother's Birthplace, Germaine
8. Full Name of Father, Josep Hasilek
9. Father's Occupation Taylor
10. Father's Birthplace, Germaine

Name of Medical Attendant, or other person who makes this Return, Mary Hoptak

Address, 905 N Washington st

Remarks,

8960005669

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 9. 96
4. Place of Birth, (Street and Number) 1749 E. North Ave.
5. Full Name of Mother, Emilie E. Klein
6. Mother's Maiden Name, " " Emrich
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Albert L. Klein
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Harrison M.D.

Address, 1121 N. Carrollton St.

Remarks,

| 8 9 6 0 0 0 5 6 7 0

Wm J. C. Dulany Co., City Printers and Stationers.

This sheet, when the full name and residence of the first nurse of each child, if any shall have been, and the name and residence of the physician or midwife present at the birth, shall be delivered, duly signed by the physician or midwife, or if neither be present, by the father or mother of such child, to the Registrar of Vital Statistics, within the city limits, within ten days after the birth of such child, and every month to the office of the Commissioner of Health. In case the birth of the first child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the time above specified, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall for each and every offence be liable to a penalty of not less than five dollars nor more than ten dollars, to be collected as other fines and forfeitures are recoverable.

1886.]

RETURN OF A BIRTH. 79818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 9th 1896
4. Place of Birth, (Street and Number) 727 Castle st
5. Full Name of Mother, Ida Wenker
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Wenker
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Henry Kopitski

Address, 205 N Washington st

Remarks,

1896008571

Wm. J. C. Dulany Co., City Printers and Stationers.

SEC. 5. And be it enacted, That it shall be the duty of the physician, midwife or other person in attendance upon any case of birth, to report the full name and occupation of its parents, the date and place of birth, and the sex, color, and number of such child to be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 79819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1

1. Sex, (*state whether male or female*) Girl
2. Race or Color, (*if ~~not~~ of the white race*) White
3. Date of Birth, Feb. 10 1896
4. Place of Birth, (*Street and Number*) 2029. E Lombard st
5. Full Name of Mother, Carrie Grebe
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Grebe
9. Father's Occupation, Labor
10. Father's Birthplace, Germaine

Name of Medical Attendant, or other person who makes this Return, Henry Koptish

Address, 205 N Washington st.

Remarks,

8960005672

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 12th 1896
4. Place of Birth, (Street and Number) 403 Waverly Ave.
5. Full Name of Mother, Augusta B. Todd
6. Mother's Maiden Name, Whitehead
7. Mother's Birthplace, Maryland
8. Full Name of Father, H. E. Todd
9. Father's Occupation Clerk
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr J. B. Hart

Address, 816 Jefferson Ave

Remarks, Pneumonia

84600005673

Wm. J. C. Dulany Co., City Printers and Stationers.

Each and every midwife or other person who shall attend upon any woman in labor, and who shall fail to report the birth of any child delivered, duly signed by the Practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife or other person, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 79821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 16 1896

4. Place of Birth, (Street and Number) 401 Wesley St

5. Full Name of Mother, Florence Carter

6. Mother's Maiden Name, Clanton

7. Mother's Birthplace, Georgia

8. Full Name of Father, Leonard Carroll

9. Father's Occupation, Truckster

10. Father's Birthplace, Clanton

Name of Medical Attendant, or other person who makes this Return, Mrs Alice Bloom

Address, 401 Wesley St

Remarks,

18960005674

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of the parent of each child, if born during the first year of its age, and the place of birth, the street and number where the child was born, the date and hour of birth, and the name and address of the attendant, shall be delivered daily, within the first twenty-four hours after the birth, by the attendant upon the mother, if a physician or practitioner in the form of a certificate between the first and third days, as above provided, and if there be no attendant, or if the attendant be not a physician or practitioner, then by the person or parents of such child, over or without the attendance of a physician or practitioner, in the manner and within the period above required, and shall be delivered, verified as aforesaid, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or if the person or parents of such child fail or refuse to report its birth to the Commissioner hereafter fail to comply with the provisions of this section shall be subject to the fine or fines, not exceeding ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	?
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth,*	23 Febraury (96)
4. *Place of Birth,* (*Street and Number*)	235 President St
5. *Full Name of Mother,*	Filomena Fa Jannetta
6. *Mother's Maiden Name.*	Filomena Rizza
7. *Mother's Birthplace,*	Belmonte Italia
8. *Full Name of Father,*	Saveria Jannetta
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Belmonte Italia
Name of Medical Attendant, or other person who makes this Return.	Palma Jannarelli
Address,	235 President St
Remarks,	Palma Jannetta

+ 8960005675

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d or 4th.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 25th 1896
4. Place of Birth, (Street and Number) 4 Wilson St
5. Full Name of Mother, Sarah C. Taggard
6. Mother's Maiden Name, Dampman
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Wm. T. Taggard
9. Father's Occupation Motorman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. L. B. Tate

Address, 815 Jefferson Cor Hanover

Remarks,

18960 05676

This [illegible] day of each and every month to the office of the Commissioner of Health, in the manner and with the particulars required, and shall deliver a certificate of birth and the child to report its birth as herein required, or who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 30 1896
4. Place of Birth, (Street and Number) 2703 Parkwood Ave
5. Full Name of Mother, Amelia E. Laughton
6. Mother's Maiden Name, Patterson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Levi Laughton
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. John Neff M.D.

Address, 1001 Edmondson Ave

Remarks,

B 9 6 0 0 0 5 6 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...ord day of each and every month to the office of the Commissioner of Health, a certificate between the first and ...shall decease within the first ten days of life, a like certificate shall be given within ... attendance upon the mother, and in case of the absence from the city of the person required, and ... child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such ... any such person or persons who shall hereafter fail to comply with the provisions of this section within the period above required, and ... subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 27th @ 3.30 P M. 1896
4. *Place of Birth, (Street and Number)* 1705 Pratt St East
5. *Full Name of Mother,* Hannie Thomas Robins
6. *Mother's Maiden Name,* M. E. Miller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Geo. Foster Robins
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Laura E Pinnell M.D.

Address, 1701 E Baltimore St

Remarks,

B 9 6 0 0 0 5 6 7 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the final and the first day of each and every month to the City Commissioner of Health. In case there be no person in attendance upon the mother at the time of the birth, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of any child to report its birth to the City Commissioner of Health. In the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-25-55

RETURN OF A BIRTH. 79826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edwin Herbert ~~Brandt~~ Brandt.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 7th 1896
4. Place of Birth, (Street and Number) 830 N. Gay St.
5. Full Name of Mother, Elizth C. Brandt
6. Mother's Maiden Name, Butler
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Albert H. Brandt
9. Father's Occupation, Wholesale & Retail grocer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Carrollton St.

Remarks,

8960005679

Wm J C. Dulany Co., City Printers and Stationers.

Sec. 4. It shall be the duty of the physician or midwife in attendance upon any birth, or of the parent of the child, or of the householder, or of the manager or superintendent of the public institution in which any birth occurs, to report such birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after such birth occurs, and for each failure to report such birth within ten days after the birth occurs, the person whose duty it is to report such birth shall be liable to a penalty of ten dollars, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 79827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) four / girl 3 boys

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, feb 29 1896
4. Place of Birth, (Street and Number) No 20 Ensor lane
5. Full Name of Mother, maggie gratz
6. Mother's Maiden Name, rinn
7. Mother's Birthplace, germany
8. Full Name of Father, frank gratz
9. Father's Occupation tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Alice Blum

Address, culver st near Ensor lane

Remarks,

1896 0005680

Wm. J. C. Dulany Co., City Printers and Stationers.

...is sex, color, the full name that be ascertained, the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the case, or some person present at the birth, and the third day of each and every month to the office of the Commissioner of Health. In case there be no such practitioner in attendance at a birth, the mother, or, should no other person be in the house, some other person present at the birth, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section as required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 8. 1896.
4. Place of Birth, (Street and Number) 1814 Fayette st.
5. Full Name of Mother, Lara Virginia Undvch.
6. Mother's Maiden Name, " " Jordan.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jas. F. G. Undvch.
9. Father's Occupation, Secy Mary. Pav. Co.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, H. J. Evans.

Address, N. E. Cor Eutaw & Fayette sts.

Remarks,

1896 00 05681

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Board of Health, in the manner and within the period above specified, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 79830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4th.

No of Child of Mother, (state whether 1st. 2d. 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1. 1896
4. Place of Birth, (Street and Number) 302 E. North Ave.
5. Full Name of Mother, Amanda Lee Spring
6. Mother's Maiden Name, " " Wood
7. Mother's Birthplace, Richmond, Va.
8. Full Name of Father, Com. J. Spring
9. Father's Occupation, Genl. Agt. U.S. Express Co.
10. Father's Birthplace, Waverly, Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Carlton St.

Remarks,

1896000056 82

Wm J C. Dulany Co., City Printers and Stationers.

Every person who shall hereafter make any false statement in a certificate required by the Commissioner of Health, in case the birth of any child shall hereafter occur within the limits of Baltimore City, or who shall refuse to make such certificate when required by the Commissioner of Health, or who shall neglect or refuse to comply with any of the requirements of the ordinances upon the subject, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12. 1896
4. Place of Birth, (Street and Number) 1714 Fairmount Ave.
5. Full Name of Mother, Lillie Rosella Pohl
6. Mother's Maiden Name, " " Heer
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Chas Harry Pohl
9. Father's Occupation, Clothing Cutter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hoffman M.D.

Address, 1121 N Carolina Ave

Remarks,

1896005683

Wm J C. Dulany Co., City Printers and Stationers.

Every midwife or person who shall attend at the birth of any child shall cause the birth of such child to be registered with the Commissioner of Health, or shall report in writing to the Commissioner of Health the name of such child, if living, and the name and residence of the parents of such child, and the time and place of birth of such child, within ten days after such birth, and if any midwife shall neglect or refuse to make such report, or if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 14, 1896

4. Place of Birth, (Street and Number) 1911 E. Biddle St.

5. Full Name of Mother, Elizth. Lottie Gelleman

6. Mother's Maiden Name, " " Seiger

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Chas. A. Gelleman

9. Father's Occupation, House-painter

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Geo. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

+ 8960005684

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, immediately thereafter, shall become the duty of the person above required, and shall report such birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 79833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March. 16. 1896
4. Place of Birth, (Street and Number) 32 Harpur Road
5. Full Name of Mother, Mary Louisa Murray
6. Mother's Maiden Name, " Keeley
7. Mother's Birthplace, Penn.
8. Full Name of Father, John Columbus Murray
9. Father's Occupation, Produce Dealer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Ga. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

1 8 9 6 0 0 0 5 6 8 5

Wm J C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons shall forfeit to the corporation the sum of fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22. 1896
4. Place of Birth, (Street and Number) 958 N. Washington St.
5. Full Name of Mother, Mary Buchler
6. Mother's Maiden Name, " Moritz
7. Mother's Birthplace, Germany
8. Full Name of Father, Chas. Fred. Buchler
9. Father's Occupation, Street-paver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Carlin St.

Remarks,

+ 8 9 6 0 0 0 5 6 8 6

Wm J C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79 835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mch. 23. 1896
4. Place of Birth, (Street and Number) 1606 E. Eager st.
5. Full Name of Mother, Mary Lavinia Keagle
6. Mother's Maiden Name, " " Cook
7. Mother's Birthplace, Phil'a. Penn'a.
8. Full Name of Father, Chas. Keagle
9. Father's Occupation, Can-maker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Jas. A. Hartman

Address, 1121 N. Caroline St.

Remarks,

1896 U 005687

Wm J. C. Dulany Co., City Printers and Stationers.

child thereof, &c., the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner directed by the rules and regulations of the Board of Health, and any person who shall wilfully refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5. 1896
4. Place of Birth, (Street and Number) 1752 E. North Ave.
5. Full Name of Mother, Kate A. Neisey
6. Mother's Maiden Name, " " McQuate
7. Mother's Birthplace, Cumberland Co. Penn'a
8. Full Name of Father, Daniel J. Neisey
9. Father's Occupation, Railway Postal Clerk
10. Father's Birthplace, Lancaster Co. Penn'a

Name of Medical Attendant, or other person who makes this Return, Wm. A. Hartman M.D.

Address, 1121 N. Carlton St.

Remarks,

1896 00056888

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attended by a midwife or other person than a physician or surgeon, or where no other person is in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colo
3. Date of Birth, Apl. 8. 1896
4. Place of Birth, (Street and Number) 440 E. 20th St.
5. Full Name of Mother, Wilhelmina Nordopf
6. Mother's Maiden Name, " Kisling
7. Mother's Birthplace, Germany
8. Full Name of Father, August Nordopf
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Geo A Hartman M.D.

Address, 1121 N Caroline St

Remarks,

8960005689

Wm J C. Dulany Co., City Printers and Stationers.

Every birth of child must be registered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, or the Commissioner of Health will cause the birth certificate to be registered, and shall recover without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section shall be guilty of a misdemeanor, and subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 8. 1896
4. Place of Birth, (Street and Number) 712 E. Chase St.
5. Full Name of Mother, Florence Estelle Evans
6. Mother's Maiden Name, " " Shuell
7. Mother's Birthplace, Shrewsbury, York Co. Penn'a
8. Full Name of Father, Stephen Humphrey Evans
9. Father's Occupation, Clerk
10. Father's Birthplace, Hamilton, Bermuda

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

1896 0005690

Wm J. C. Dulany Co., City Printers and Stationers.

Every Physician, Midwife, or other person who shall assist at the birth of a child, shall sign the certificate of birth, and shall write his or her address after his or her signature, and shall deliver the certificate to the parent or parents of such child, or to the nearest relative present at the birth, within the time prescribed by law; and shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine or penalties as in other cases, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) five children

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4 1896
4. Place of Birth, (Street and Number) No 5 Cobb south St
5. Full Name of Mother, mary Sadler
6. Mother's Maiden Name, Dolan
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Joseph Sadler
9. Father's Occupation Shipbuilder
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return, Mrs Alice Blum

Address, Colver St near Parsley Lane

Remarks,

8960005691

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK

RETURN OF A BIRTH. 79840

GIVEN NAME ADDED, 2-25-42

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edith Anna Burgess 2nd.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fmale

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) Apl. 17, 1896

3. Date of Birth, 711 Greenmount Ave.

4. Place of Birth, (Street and Number) Catherine Johanna Burgess

5. Full Name of Mother, Maiden

6. Mother's Maiden Name, Balto. Md.

7. Mother's Birthplace, Geo. H. Burgess

8. Full Name of Father, Printer

9. Father's Occupation, Balto. Md.

10. Father's Birthplace, Geo. A. Hartman M.D.

Name of Medical Attendant, or other person who makes this Return, 1121 N. Carrollton St.

Address,

Remarks,

1896 00 05692

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apl. 29. 1896
4. Place of Birth, (Street and Number) 139 Aisquith St.
5. Full Name of Mother, Hannah Gertrude Behrens
6. Mother's Maiden Name, " - Beard
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John H. Behrens
9. Father's Occupation, Lawyer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 W. Franklin St.

Remarks,

1896 00056 93

Wm J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the duty of the person or one of the persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29th 1896
4. Place of Birth (Street and Number) 26 So Wachi St.
5. Full Name of Mother, Mary Priscilla Hitch
6. Mother's Maiden Name, Mary Priscilla Hanbury
7. Mother's Birthplace, Nanticoke Wicomico Co. Md
8. Full Name of Father, James McClellan Hitch
9. Father's Occupation, Insurance Agent
10. Father's Birthplace, Salisbury Md

Name of Medical Attendant, or other person who makes this Return, Chas. E. Leonard M.D.

Address, 405 N. Green St.

Remarks,

8 9 6 U 0 0 5 6 9 4

attendance upon the mother, immediately thereafter, is required by law to report the birth to the Registrar of Vital Statistics, and any other person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 22nd 1896.

4. Place of Birth, (Street and Number) 1520 N Regester St.

5. Full Name of Mother, Wilhelmina Stättler

6. Mother's Maiden Name, Goetze

7. Mother's Birthplace, Balto.

8. Full Name of Father, Edward Stättler

9. Father's Occupation Cutter

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, S. H. Silsner M. D.

Address, 1501 E. Eager St.

Remarks,

B 9 6 0 0 0 5 6 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 3. Be it enacted, That it shall be the duty of each and every midwife in the city of Baltimore to cause the birth of any child attended by her to be registered as required by this ordinance, and in case of her neglect or refusal so to do, or should no other person be in attendance upon the mother, immediately after the birth of such child, or in case of the absence from the city of the person or parents of such child, or person in charge of the same, it shall become the duty of the person or parents of such child or person in charge of the same, within the period above recited, and after such default, to report the same to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 25th 1896.

4. Place of Birth, (Street and Number) 1121 N Gay St.

5. Full Name of Mother, Anetavinia Bear

6. Mother's Maiden Name, Spining

7. Mother's Birthplace, Balto

8. Full Name of Father, Laurence A Bear

9. Father's Occupation Baker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. H. Shyner M.D.

Address, 1501 E Eager St.

Remarks,

8760005695

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 7 1896
4. Place of Birth, (Street and Number) 408 N. Bond St.
5. Full Name of Mother, Teresa Zapp
6. Mother's Maiden Name, " Kappes
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, George Michael Zapp
9. Father's Occupation, Marble-Dealer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1321 N. Caroline St.

Remarks,

1896 0005697

Every day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of a city or town, and no medical attendant be in attendance upon the mother, it shall be the duty of the person who may first visit such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 7/25/74

RETURN OF A BIRTH. 79847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ELIZABETH VIOLA BARTLETT

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10. 1896
4. Place of Birth, (Street and Number) 2243 E. Biddle St.
5. Full Name of Mother, Anna Kunigunda Bartlett
6. Mother's Maiden Name, " " Eigner
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Paul Henry Bartlett
9. Father's Occupation, Patrolman
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return. Geo A. Hartman M.D.

Address, 1731 N Caroline St.

Remarks,

1896000056 98

Any person who shall neglect to report the birth of any child as required by law, or any midwife, physician or practitioner of midwifery who shall neglect to report the birth of any child coming under his or her charge, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars for each offence. It shall be the duty of each commissioner of a physician or practitioner of midwifery to cause the birth of any child to be reported as required by law, and in default thereof, it shall be the duty of the person or parents of such child to report the same, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 12. 1896
4. Place of Birth, (Street and Number) 2211 E. Monument St.
5. Full Name of Mother, Patrecia J. Sommer
6. Mother's Maiden Name, " " Hall
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Chas. Edw'd Sommer
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Lancaster, Pa.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

8960005699

Wm J. C. Dulany Co., City Printers and Stationers.

the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then it shall become the duty of the person or persons in charge of said child or in attendance upon the mother, immediately thereafter, to report said birth, in the manner and within the time in this section required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 19. 1896
4. Place of Birth, (Street and Number)	725 E. Biddle St.
5. Full Name of Mother,	Ida C. Evans
6. Mother's Maiden Name,	" " Rhodes
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Saml. C. Evans
9. Father's Occupation,	House Painter
10. Father's Birthplace,	Bermuda
Name of Medical Attendant, or other person who makes this Return.	Geo. A. Hartman M.D.
Address,	1131 N. Carolina St.
Remarks,	

1896000057 00

Wm J C. Dulany Co., City Printers and Stationers.

Every midwife, physician or other person who shall attend upon the mother, immediately after the birth of any child born within the City of Baltimore, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 23. 1896
4. Place of Birth, (Street and Number) 1021 N. Fulton Ave.
5. Full Name of Mother, Ida J. McCubbin
6. Mother's Maiden Name, " " Eaton
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Jno. L. McCubbin Jr.
9. Father's Occupation, Railroad Official
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo A. Hartman M.D.

Address, 1121 N Carolina St.

Remarks,

+ 8960005701

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of any other person in attendance upon the mother at the time of such birth, or of the parent or parents of such child, or in case the parents are dead or absent from the city, of the occupier of the house in which such birth shall occur, within the space of ten days after the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Charles Edward~~ McKewen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 23. 1896
4. Place of Birth, (Street and Number) 1632 E. Pratt st.
5. Full Name of Mother, Matilda Isabel McKewen
6. Mother's Maiden Name, " " Buckingham
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Chas. Edward McKewen
9. Father's Occupation, Clerk.
10. Father's Birthplace, Frederick Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

8960005702

shall occur without the attendance of a physician or practitioner of midwifery, or other person on duty at the time, to be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and such person or persons shall severally forfeit and pay the sum of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. Charles

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 28. 1896

4. Place of Birth, (Street and Number) 1119 E. Federal st.

5. Full Name of Mother, Katie Loretta Campbell

6. Mother's Maiden Name, " Emmart

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Stephen P. Campbell

9. Father's Occupation, Lawyer

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1125 N. Caroline St.

Remarks, Name added 9/24/96 by undersigned Chas Comptroller

Chas

8960005703

Wm J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person required by this section make the return of such birth, then it shall become the duty of the parent or attendant upon such mother at the time of the birth of such child to make the return required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 79853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 the
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colrd
3. *Date of Birth,*	May 5 '14
4. *Place of Birth, (Street and Number)*	303 S Duncan al
5. *Full Name of Mother,*	Kate Palmer
6. *Mother's Maiden Name,*	Kate Davis
7. *Mother's Birthplace,*	Tolbert County Md
8. *Full Name of Father,*	Charles E Palmer
9. *Father's Occupation,*	Driving
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mary J Cosey
Address,	607 Bradford Street
Remarks,	Done Well

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

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RETURN OF A BIRTH 79854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~the~~ 8 the

1. Sex, (state whether male or female) femal

2. Race or Color, (if not of the white race) Colrd

3. Date of Birth, May 26 1896

4. Place of Birth, (Street and Number) 605 Madaris St

5. Full Name of Mother, Ada Wilson

6. Mother's Maiden Name, Ada Nichols

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George Wilson

9. Father's Occupation, Labar

10. Father's Birthplace, Dorchester County

Name of Medical Attendant, or other Person who makes this Return. Mary J Causey

Address, 607 Bradford Street

Remarks, Due Well

A 4 6 0 3 0 5 7 0 5

Section 13. Be it further enacted, That the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the owner or tenant of such child to report the birth to the Commissioner of Health, in the manner and within the time prescribed in this section, shall be subjected to the fine of ten (10) dollars for such offense to be recovered as other fines and forfeitures are recoverable.

King & Co., City Printers and Stationers.

RETURN OF A BIRTH. 79855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11 ob 1896
4. *Place of Birth, (Street and Number)* 711 N Caroline St
5. *Full Name of Mother,* Matilda Schornhale
6. *Mother's Maiden Name,* Tegeler
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Henry Schornhale
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, S H. Seldner M.D.

Address, 1501 E. Eager St.

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practicioner of midwifery, or should no other person be in attendance upon the mother, the mother herself, if able, shall make the return required, and in case of her inability to do so, the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896000570 6

RETURN OF A BIRTH. 79856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th 1894
4. Place of Birth, (Street and Number) 2336 N. Calvert St.
5. Full Name of Mother, Louisa Pulis
6. Mother's Maiden Name, Hancorsat
7. Mother's Birthplace, New Jersey
8. Full Name of Father, John W. Pulis
9. Father's Occupation Accountant
10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return. John Scott M.D.

Address, 701 N. Carrollton Ave

Remarks,

1896000057 07

Wm. J. C. Dulany Co., City Printers and Stationers.

Said certificate shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or midwife, or should no other person required, and who shall neglect or refuse to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9. 1896
4. Place of Birth, (Street and Number) Old York near Wyanoke Ave.
5. Full Name of Mother, Minnie Reed Jones
6. Mother's Maiden Name, " Baker
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Chas. L. Jones
9. Father's Occupation, Shipping Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Geo. A. Hartman M.D.

Address, 1131 N. Caroline St.

Remarks,

8960005708

Wm. J. C. Dulany Co., City Printers and Stationers.

1896.]

RETURN OF A BIRTH. 79858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 second girl

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 11 1896

4. Place of Birth, (Street and Number) No 452 Stafford St

5. Full Name of Mother, Lizzie Yeager

6. Mother's Maiden Name, Schwartzkopf

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Yeager

9. Father's Occupation, potter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs C Geo Blum

Address, Calvert St near Lee

Remarks,

1896 0005709

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Physician, Midwife, or other person who shall attend upon any case of birth, shall, within ten days after the birth, report to the Registrar of Vital Statistics, at the office of the Commissioner of Health, the name, sex, color, date and place of birth; and the name, residence, occupation of the parents, and the number of children born to the mother, including the present birth, and the number of children now living of such mother; and if such birth occurs in a family where there is no physician or midwife in attendance, then the householder or parent shall report such birth within ten days thereafter; and if such birth occurs elsewhere than in a family, then the person having charge of the premises where such birth occurs shall report such birth within ten days thereafter; and if such birth occurs without the attendance of a physician or midwife, then the parent or parents of such child shall report such birth within ten days thereafter; and in case of the absence or inability of the parent or parents, then the person having charge of such child shall report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person who shall neglect or refuse to make such report as aforesaid, or who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79 859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11, 1896
4. Place of Birth, (Street and Number) 1505 Cloquith St.
5. Full Name of Mother, Sarah Cordelia Gutbrod
6. Mother's Maiden Name, " " Walls
7. Mother's Birthplace. Prince George's Co. Md.
8. Full Name of Father, August C. Gutbrod
9. Father's Occupation, Hatter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Geo. A. Hartman M.D.

Address, 1121 N. Carrollton St.

Remarks,

1896000710

This is to certify that every female child born in the City of Baltimore shall be reported to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 17. 1896
4. Place of Birth, (Street and Number)	1522 E. Chase St.
5. Full Name of Mother,	Laura C. Richardel
6. Mother's Maiden Name,	" " Thomas
7. Mother's Birthplace,	Balto. Co. Md.
8. Full Name of Father,	George Richardel
9. Father's Occupation,	Nothing Doing
10. Father's Birthplace,	Balto. Co.
Name of Medical Attendant, or other person who makes this Return.	Geo. A. Hartman M.D.
Address,	1131 N. Caroline St.
Remarks,	

8960007 11

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 June
4. Place of Birth, (Street and Number) 635 Eastern Ave
5. Full Name of Mother, Fanny Rosenberg
6. Mother's Maiden Name, Marshofsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris Rosenberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R. Illig

Address, 116

Remarks, I was asked to report this birth. There was no one in attendance

1896000571286 Mrs E. Lennon

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 26. 1896
4. Place of Birth, (Street and Number) 203 S. Sprung St.
5. Full Name of Mother, Mary Selinsky
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Stanislaus Selinsky
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Henry C. Bernstein

Address, 122 S. Exeter St.

Remarks,

18960005713

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 3. And every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or other person in the attendance upon the mother, or the householder or lodger in whose house the birth shall occur, shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, if any. J. Lillie Myrtle Mae Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26/96
4. Place of Birth, (Street and Number) 248 S. Ann St.
5. Full Name of Mother, Louise Mueller Miller
6. Mother's Maiden Name, Heise
7. Mother's Birthplace, Balto.
8. Full Name of Father, Walter Mueller Miller
9. Father's Occupation Harnessmaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dissenhofer

Address, 1201 S. Shark St.

Remarks,

18960005714

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, and any such parent who shall wilfully neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 26 1896

4. Place of Birth, (Street and Number) Harford Road & Hall Springs Lane

5. Full Name of Mother, Anna Ley

6. Mother's Maiden Name, Haase

7. Mother's Birthplace, Germany

8. Full Name of Father, Leonhard Ley

9. Father's Occupation Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Virginia Hutchins M.D.

Address. 234 S Broadway

Remarks.

18960057115

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27 / 96
4. Place of Birth, (Street and Number) 1537 Nicholson St
5. Full Name of Mother, Mary Kennedy
6. Mother's Maiden Name, Mary Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patrick J Kennedy
9. Father's Occupation Restaurant Keeper
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Ettel

Address, 1619 Cuba Street

Remarks,

1896000571 6

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 79866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, June 27 1896
4. Place of Birth, (Street and Number) 1331 N. Broadway
5. Full Name of Mother, Elsie G. Redman
6. Mother's Maiden Name, " Johnson
7. Mother's Birthplace. Balto. Md.
8. Full Name of Father, Ambrose H. Redman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Talbot Co. Md.

Name of Medical Attendant, or other person who makes this Return. Geo. A. Hartman M.D.

Address, 1121 N. Carolina St.

Remarks,

8960005717

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Dec. 27th

Place of Birth, (Street and Number) 201 Gould St.

Full Name of Mother, Mary Collins

Mother's Maiden Name, Mary Parker

Mother's Birthplace, Baltimore

Full Name of Father, Vincent Collins

Father's Occupation Grave Digger

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Rosetta Scalia

Address, 1811 Dorsey St.

Remarks,

8960005710

Co., City Printers and Stationers

RETURN OF A BIRTH. 79868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 27th 1896
4. Place of Birth, (Street and Number) 916 Jordan East
5. Full Name of Mother, Emma J Neumann
6. Mother's Maiden Name, Neumann
7. Mother's Birthplace, Baltimore City MD
8. Full Name of Father, Edward P Boykin
9. Father's Occupation Shoeman
10. Father's Birthplace, Baltimore City MD

Name of Medical Attendant, or other person who makes this Return, Lucas Cornish

Address, 1134 Shields Alley Baltimore MD

Remarks,

8960005719

and schedule shall be delivered, duly signed by the person or one of the persons required to make the return, to the Registrar of Vital Statistics, at the office of the Board of Health, within ten days after the birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same within ten days, as in the manner and with the penalty provided by law in case of any such other person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27 1906
4. Place of Birth, (Street and Number) 247 Druid Ave
5. Full Name of Mother, Mary Ellen Spruebank
6. Mother's Maiden Name, " " Ebeling
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm H Spruebank
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Wm C F Deaver M.D.

Address, 82 Chestnut Ave

Remarks,

1896000 5720

Wm. J. C. Dulany Co., City Printers and Stationers.

...ner of Health. In case the birth of any child ...ioner of Health, in the manner and within the period above required, and ...ce with the provisions of this section, shall be guilty of a misdemeanor, and ...ecovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27 June 1896
4. *Place of Birth, (Street and Number)*	2425 E Fayette Street
5. *Full Name of Mother,*	Mary Harker
6. *Mother's Maiden Name,*	Locker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Eugene Harker
9. *Father's Occupation*	Clothing Trimmer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs H Kraus Midwife
Address,	1922 E Fayette Street
Remarks,	

1896 0005721

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27 1896
4. Place of Birth, (Street and Number) 1019 Little Gaff St
5. Full Name of Mother, Agnes Mazelewitz
6. Mother's Maiden Name, A. Schwartz
7. Mother's Birthplace, Austria
8. Full Name of Father, C. K. Mazelewitz
9. Father's Occupation, Grocery dealer.
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Linenberg

Address, 27 E Lloyd St

Remarks,

8960005722

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician, it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 28 '96
4. Place of Birth, (Street and Number)	Maternity 115 W. Lombard St.
5. Full Name of Mother,	Carrie Wallace
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Unknown
9. Father's Occupation	"
10. Father's Birthplace,	"
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M.D.
Address,	115 W. Lombard St.
Remarks,	

1 8960005723

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 June 1926
4. Place of Birth, (Street and Number) 412 Glenmont Ave
5. Full Name of Mother, Florence Smith
6. Mother's Maiden Name, Porter
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Smith
9. Father's Occupation Tailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. A. Brooks

Address, 608 E. Lafayette Ave

Remarks, Born in Hospital

1896005724

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, it shall become the duty of the mother, or other person, to give information of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 28
4. *Place of Birth, (Street and Number)* 538 S. Paca St.
5. *Full Name of Mother,* Jennie Alldredge
6. *Mother's Maiden Name,* Dawson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William E. Alldredge
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos. McLaughlin

Address, 412 S. Paca St.

Remarks,

8 9 6 0 0 0 5 7 2 5

said midwife shall be delivered, drive home and occupation of said parents, the date and place of birth; and the third day of each and every month, at the office of the City Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practicing midwife. In case the birth of any child attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons present to in any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 June 1896
4. Place of Birth, (Street and Number) 1230 Battery ave
5. Full Name of Mother, Mary E Whitley
6. Mother's Maiden Name, Swisler
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas Whitley
9. Father's Occupation Dairyman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs S A Brookes

Address, 1228 Druid Hill

Remarks, Mary E Whitley

8960005726

shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance, the mother immediately thereafter, if able, shall become the duty, or the person in charge of such attendance, to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereby fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-21-58

RETURN OF A BIRTH 79876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anne Gillingham Quinan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, 28 June 1896.
4. Place of Birth, (Street and Number) 2301 Madison Ave,
5. Full Name of Mother, Jennie N. Quinan,
6. Mother's Maiden Name, Duvall,
7. Mother's Birthplace, Balto. City,
8. Full Name of Father, Allen B. Quinan,
9. Father's Occupation, Engineer,
10. Father's Birthplace, Calvert Co. Md

Name of Medical Attendant, or other person who makes this Return. J. L. Engle M.D.

Address, 1007 W. Lanvale st

Remarks,

B 9 6 0 0 0 5 7 2 7

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such and all persons willfully neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 79877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Karl F. Tille

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth.	June 28th 1896.
4. Place of Birth, (Street and Number)	1534 Holbrook St.
5. Full Name of Mother,	Annie L. Ward (Kettler) Tille
6. Mother's Maiden Name,	Annie L. Ward.
7. Mother's Birthplace,	Balt. C. Md.
8. Full Name of Father,	Frank G. (Kettler) Tille
9. Father's Occupation	Carpenter.
10. Father's Birthplace,	Balt C. Md.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M. D.
Address.	S. W. Cor. Walnut & Brinton Sts.
Remarks,	

8960005728

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irenius Eagle Eder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 28 1896
4. Place of Birth, (Street and Number)	1901 E. Jefferson St
5. Full Name of Mother,	Amelia Virginia Eder
6. Mother's Maiden Name,	" " Talley
7. Mother's Birthplace,	md
8. Full Name of Father,	Edwd J. Eder
9. Father's Occupation	Merchant
10. Father's Birthplace,	md
Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
Address,	1601 N. Broadway
Remarks,	GIVEN NAME ADDED. 2-11-52

1896 0005729

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 June 1896
4. Place of Birth, (Street and Number) 132 Pleasant St.
5. Full Name of Mother, Sarah Scott
6. Mother's Maiden Name, Watson
7. Mother's Birthplace, America
8. Full Name of Father, Samuel F. Scott
9. Father's Occupation Butcher
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, E. Lehmann

Address, 62 Hanover St

Remarks,

1 8 9 6 0 0 0 5 7 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall hereafter be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 79880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
2.

1. Sex, (state whether male or female) W.
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 June 1896
4. Place of Birth, (Street and Number) 1803 Guilford Ave,
5. Full Name of Mother, Emma C. Brockenbrough,
6. Mother's Maiden Name, Chamberlayne,
7. Mother's Birthplace, Richmond, Va,
8. Full Name of Father, J. Brockenbrough,
9. Father's Occupation, Boot-keeper,
10. Father's Birthplace, Richmond Co, Va.

Name of Medical Attendant, or other person who makes this Return. J. L. Ingle M.D.

Address, 1007 W. Lanvale st

Remarks,

1 8 9 6 U D 0 5 7 3 1

said scientific shall be delivered, duly signed by the person in charge of the case, to the Registrar of the District in which the birth of any child third day of each and every month, a physician or practitioner of midwifery, or the person or parents of such shall occur without the attendance of such physician or practitioner, it shall become and within the period above required, and attendance, or the mother, immediately thereafter it shall become and within the period above required, and shall forthwith report its birth to the Commissioner of Health. Any person who shall fail to comply with the provisions of this section shall be guilty of a misdemeanor, and on conviction thereof in the Criminal Court of Baltimore City, shall be punished for each offense by such person or persons who shall neglect or refuse to comply with the provisions of this section, and shall be subjected to the fine of ten (10) dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

PRS. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 9-6-57

RETURN OF A BIRTH. 79881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace Townsend

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth. June 29/1896
4. Place of Birth, (Street and Number) 1224 Stockton Street
5. Full Name of Mother, Mary Townsend
6. Mother's Maiden Name. Mary Hammond
7. Mother's Birthplace, Cockeysville
8. Full Name of Father. Clinton Townsend
9. Father's Occupation Mail Carrier
10. Father's Birthplace, Washington D C.

Name of Medical Attendant, or other person who makes this Return. Sarah Rollings

Address. 1610 Vincent st.

Remarks.

8960005732

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Phillip Barr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, December 18
4. Place of Birth, (Street and Number) 209 E. Fayette St
5. Full Name of Mother, Edmonia Barr
6. Mother's Maiden Name, Edmonia
7. Mother's Birthplace, Russia
8. Full Name of Father, Henry Barr
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Abramson

Address, 2 Abramson St.

Remarks, GIVEN NAME ADDED 2-3-53

1 8 9 6 0 0 0 5 7 3 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall become the duty of the person in whose house or on whose premises such birth occurs, within ten days thereafter, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 20 June 83
4. Place of Birth, (Street and Number) 215 Gay St
5. Full Name of Mother, Elvira Ella Lustig
6. Mother's Maiden Name, Bernstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Hand Friedman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, L. Schwartz

Address, 42 Whitmarsh St

Remarks,

8960005734

Fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance who is required by law to report the birth, it will become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above named, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Richard Hunter ~~Rea~~ Bennett

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 29th 1896
4. *Place of Birth, (Street and Number)* 1834 McCulloh St.
5. *Full Name of Mother,* Mattie ~~Rea~~ Bennett
6. *Mother's Maiden Name,* ~~Rea~~ Rea
7. *Mother's Birthplace,* Indiana
8. *Full Name of Father,* Jno. W. Bennett.
9. *Father's Occupation* Reporter
10. *Father's Birthplace,* Minn.

Name of Medical Attendant, or other person who makes this Return, J. A. Christiance M.D.

Address, 1801 Madison Ave.

Remarks, GIVEN NAME ADDED. 10-2-53

1896 0005735

Every day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall become the duty of the person or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, and any such person or parents neglecting or refusing to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 2nd June 30 1900
4. Place of Birth, (Street and Number) Coach House Alley, Balto. Co.
5. Full Name of Mother, Kate Cunney
6. Mother's Maiden Name, Kate Smith
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, William Cunney
9. Father's Occupation Florist
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 7 6 U 0 0 5 7 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79886

GIVEN NAME ADDED 8-3-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Ballard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colt
3. *Date of Birth,* June 30. 1896.
4. *Place of Birth, (Street and Number)* 1905 Barclay St.
5. *Full Name of Mother,* Ivy B Ballard
6. *Mother's Maiden Name,* " " Hartge
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* James L Ballard
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, G Law Tanyhill

Address, 1103 Madison ave.

Remarks,

8960005737

Wm. J. C. Dulany Co. City Printers and Stationers

Each physician or midwife in attendance upon the birth of any child shall have such child registered, by the parent, if living, and if not, by the occupant of the house in which such birth occurred, or by the nearest relative present, or by the undertaker employed in the burial of such child, or by the coroner, if no undertaker be employed, within ten days after the birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report the birth as required by this section, and the person upon whose premises such birth occurred, or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 June 1926
4. Place of Birth, (Street and Number) 104 Bowers
5. Full Name of Mother, Rosa Lee Tate
6. Mother's Maiden Name, Carter
7. Mother's Birthplace, Virginia
8. Full Name of Father, Charlie Lee Tate
9. Father's Occupation, Car Washer
10. Father's Birthplace, Delaware

Name of Medical Attendant, or other person who makes this Return, E. Lawrence

Address, 42 Hanover St

Remarks,

1896000573 8

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month, to the Practitioner in the form of a certificate between the first and shall occur without a medical attendant, it shall become the duty of the undersigned midwife, or, should no other person be in attendance upon the mother, immediately thereafter, to report the same to the Health Office, and the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 30th 1896
4. *Place of Birth, (Street and Number)*	921 E Monument St
5. *Full Name of Mother,*	Mattie Le Barron
6. *Mother's Maiden Name,*	Foxwell
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Le Barron
9. *Father's Occupation*	electrician
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo Rhabrum MD
Address,	725 Columbia ave
Remarks,	

1 8960005739

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or other person who shall attend upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30 96
4. Place of Birth, (Street and Number) 418 Rodgers Ave
5. Full Name of Mother, Annie Koenig
6. Mother's Maiden Name, Anna Schudel
7. Mother's Birthplace, Schaffhausen Switzerland
8. Full Name of Father, George Koenig
9. Father's Occupation Barber
10. Father's Birthplace, Aalen Weidenburg Germany

Name of Medical Attendant, or other person who makes this Return, Hafer

Address, 1627 N Fremont

Remarks,

8960005740

SAFETY FILM

236.]

RETURN OF A BIRTH. 79890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 3rd 1896.

4. Place of Birth, (Street and Number) 1502 N. Caroline St.

5. Full Name of Mother, Matilda Merritt

6. Mother's Maiden Name, Maier

7. Mother's Birthplace, Balto

8. Full Name of Father, Harry Merritt

9. Father's Occupation Engraver

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, F. A. Feldner M. D.

Address, 1501 E. Eager St.

Remarks,

BY6U005741

Wm. J. C. Dulany Co., City Printers and Stationers.

being conferred) its sex, color, the full names and occupation of its parents, the date and place of birth, and the name and residence of the physician or practitioner in the form of a certificate between the first and third days of each and every month, and deliver the same to the person or parents of such child, or cause the same to be delivered, duly signed, at the office of the Commissioner of Health. In case no other person is in said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case no other person is in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall continue so to report to the Commissioner of Health the birth of each and every child, until a certificate shall be delivered to report the birth to the Commissioner, he or she shall forthwith make such report. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

386.]

CITY NAME ADDED 2-3-55

RETURN OF A BIRTH. 79891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Adam Schmidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5th 1896
4. Place of Birth, (Street and Number) 710 S. Carlton St.
5. Full Name of Mother, Florence M. Schmidt
6. Mother's Maiden Name, Jamison
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Schmidt
9. Father's Occupation Coach Painter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, S. H. Selgner M.D.

Address, 1501 E. Eager St.

Remarks,

8960005742

Wm. J. C. Dulany Co., City Printers and Stationers.

Well Cut, Sec. 13 Sec. Cover. The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the mother herself, or whoever shall have charge of the mother or child, shall be required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-29-58

RETURN OF A BIRTH. 79892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Margaret ~~Scheffler~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7th 1896.
4. Place of Birth, (Street and Number) 617 N. Carrollton St.
5. Full Name of Mother, Annie Scheffler
6. Mother's Maiden Name, Schissler
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Lobar J. Scheffler
9. Father's Occupation Stonecutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S. H. Stillmen M. D.

Address, 154 N. Eager St.

Remarks,

1896 0005743

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required to report the same, it shall become the duty of the person or persons with whom such child is to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wildred Lee Lare

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9, 1896.
4. Place of Birth, (Street and Number) 781 Saratoga st.
5. Full Name of Mother, Lizzie Lee Lare.
6. Mother's Maiden Name, " " Summerlock.
7. Mother's Birthplace. Baltimore
8. Full Name of Father, Frank Lare.
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, H. J. Evans

Address, N. E. Cor. Carey & Fayette Sts.

Remarks, CITIZEN NAME ADDED 3-10-53

8960005744

Wm J. C. Dulany Co., City Printers and Stationers.

This Act to take effect every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge of such child, it shall be the duty of the father, the mother, and the person in the room or house where such child is born, to report the same to the Commissioner of Health, in the manner and within the time required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 79894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 9th 1896
4. *Place of Birth, (Street and Number)* 511 N Washington St.
5. *Full Name of Mother,* Annie Rohleder
6. *Mother's Maiden Name,* Bandel
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Rohleder
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, S. H. Stigers M. D.

Address, 1501 E. Eager St.

Remarks,

1896 0005745

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Lillian Stewart Pierce

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11 1896.
4. Place of Birth, (Street and Number) 422 N Bond St
5. Full Name of Mother, Ada R. Pierce
6. Mother's Maiden Name, Hilda.
7. Mother's Birthplace, Wales
8. Full Name of Father, James A Pierce
9. Father's Occupation Clerk
10. Father's Birthplace, Wales

Name of Medical Attendant, or other person who makes this Return, S. H. Goldsmith M. D.

Address, 1501 E. Eager St.

Remarks,

8960005746

Said schedule shall be delivered, duly signed by the proper informant, to the person registering the birth, and the third day of each month thereafter to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who shall thereupon require and secure a full compliance with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 20th 1896

4. Place of Birth, (Street and Number) 1317 E. Lanvale

Full Name of Mother, Susan Tower

Mother's Maiden Name, McGowan

Birthplace, Balto.

of Father, Joseph E. Tower

tion Machinist

9. Fa ce, Balto.

10. Father

Name of M l Attendant, or other person who makes this Return, D H Feldmeir M. D.

Address, 1501 E. Eager St

Remarks,

8960 85747

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 79898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Section 10. The penalty for violation of any of the provisions of this section shall be not less than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 25th 1896.
4. *Place of Birth, (Street and Number)* 122 Park Ave
5. *Full Name of Mother,* Julia Schurk
6. *Mother's Maiden Name,* Siegelman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Anthony F. Schurk
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, S. W. Selzer M. D.

Address, 1301 E. Eager St

Remarks,

18960005748

J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE OF CAMERA OPERATOR

I HEREBY CERTIFY THAT THE DOCUMENTS REPRESENTED BY THE MICROPHOTOGRAPHS APPEARING ON THIS ROLL OF FILM DESIGNATED AS REEL No. 1737A WERE PHOTOGRAPHED BY THE UNDERSIGNED ON THIS DATE 003366 in account.

REEL BEGINS WITH 1896-002399

REEL ENDS WITH 1896-005748

BY Linda D Waller
(SIGNATURE OF OPERATOR)

DATE 9/11/78

PS – 827

HR - RM 25
(6 - 1 - 59)
HALL OF RECORDS COMMISSION